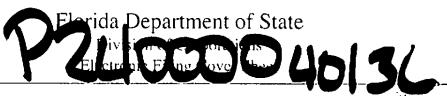
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JTAX CORP Account Number : I20200000009

Phone : (954)544-1000 Fax Number : (954)678-4500

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.;

HELLO@JTAXCORP.COM Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION **HDX1 PRODUCTION & SERVICES CORP**

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Help

, To:

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation	on shall be: HDX1 Production & S	ervices Corp	;
<u> ARTICLE II — PRINCI</u>	PAL OFFICE Principal street address		Mailing address, it different is:
8828 Brennan C	ircle, apt 104	SAME	
Tampa, FL 3361	5		
ARTICLE III PURPO. The purpose for which th	<u>SE</u> e corporation is organized is: <u>ANY AN</u>	D ALL LAWF!	UL BUSINESS
ARTICLE IV SILARE The number of shares of si	<u>S</u> tock is: 1000		
	. OFFICERS AND/OR DIRECTORS		7
Name and Title:	LUCAS VALMIR PELLEGRINI - CEO	Name and Title:	RAQUEL MARIN PELLEGRINI - C
Address			8828 BRENNAN CIRCLE #104
-	TAMPA, FL 33615		TAMPA, FL 33615277
Name and Title:_		Name and Title:	
Address _			
-			
Name and Title:_		Name and Title:	
Address _		Address:	. .
· -			

Name and	Title:	Name and Title:	
Address	MINERAL DESCRIPTION OF THE PROPERTY OF THE PRO	Address:	
	——————————————————————————————————————		
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	JTAX CORP		
Address:	10055 YAMATO RD STE 206		
	BOCA RATON, FL 33498		
ARTICLE VII	NCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	JTAX CORP		
Address:	10055 YAMATO RD STE 206		
	BOCA RATON, FL 33498		n
Effective date, if o	EFFECTIVE DATE: other than the date of filing: the is listed, the date must be specific and canno	(OPTIONAL) t be more than five days prior or 90 days after the	: ••••••••••••••••••••••••••••••••••••
filing.)		A SEE	
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Having been nam certificate, I am fa	ed as registered agent to accept service of process formiliar with and accept the appointment as register	or the above stated corporation at the place designated in this ed agent and agree to act in this capacity	
		6/11/2024	
	Required Signature/Registered Agent	Date	
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a sas provided for in s.817.155, F.S.	
	-/N	6/11/2024	
Required Signatur	re/Incorporator	Date	