

Florida Department of State
P2400004013L

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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.

Email Address: HELLO@JTAXCORP.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
HDX1 PRODUCTION & SERVICES CORP

Certificate of Status	0
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Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: HDX1 Production & Services Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8828 Brennan Circle, apt 104SAMETampa, FL 33615**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWEUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUCAS VALMIR PELLEGRINI - CEOName and Title: RAQUEL MARIN PELLEGRINI - COOAddress 8828 BRENNAN CIRCLE #104Address: 8828 BRENNAN CIRCLE #104TAMPA, FL 33615TAMPA, FL 33615

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: JTAX CORPAddress: 10055 YAMATO RD STE 206BOCA RATON, FL 33498**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: JTAX CORPAddress: 10055 YAMATO RD STE 206BOCA RATON, FL 33498**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*_____
Required Signature/Registered Agent6/11/2024

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*_____
Required Signature/Incorporator6/11/2024
Date