Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

P24000048880

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000251790 3)))

H24000251790ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

JPL SOLUTIONS CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 JUL 25 PM 1:59

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: JPL Solutions Corp

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

7864 Sonoma Springs Circle, Apt 104

Lake Worth, FL 33463

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nilson domingos Nascimento - CEO

Address: 7864 Sonoma Springs Circle, apt 104, Lake Worth, FL 33463

Name and Title: Priscila Alves De Jesus - COO

Address: 7864 Sonoma Springs Circle, apt 104, Lake Worth, FL 33463

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED
2024 JUL 25 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 CORP

Address: 10055 YAMATO RD STE 206

BOCA RATON, FL 33498

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JTAX CORP

Address: 10055 YAMATO RD STE 206

BOCA 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

_____ 07/24/2024

Required Signature/Registered Agent 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.

Priscila Alves de Jesus 07/25/2024

Required Signature/Incorporator Date