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Division of Corporations

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX S PRO CORP Account Number : I20200000147 Phone : (786)307-2733 Fax Number : (954)420-7118

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

Email	Address:	INFO@TAXSPRO.COM
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## FLORIDA PROFIT/NON PROFIT CORPORATION LIQUIFERT CORP

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## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	LIQUIFE	RT CORP	•	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	_
Enclosed are an original and one (	1) copy of the articles of incorporation and a check for	At.		•
№ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
FROM:	TAX	X S PRO CORP		
i kowi.	Name (Printed or typed)			
	8030	PINES BLVD		
	Address		,	
	PEMBROKE PINES, FLORIDA 33024		3024	, 201
	City, State & Zip		•	j
	786-3072733			
Daytime Telephone number				
		SPRO.COM		5 (
	E-mail address: (to be use	d for future annual report r	notification)	ר

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

From: +19544707118 (TAX S PRO)

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

[ICLE II PRINCI	Principal <u>street</u> address	ì	Mailing address, if diff	erent is:
4163 NW 1	35 ST	4163 NW 135 ST OPA LOCKA, FL 3		ST
TIÇLE III PURPO				, FL 33
	e corporation is organized is:  LAWFUL BUSINESS			
	<del></del>			
FICLE IV SHARE number of shares of s	<u>\$</u> tock is: 100			
number of shares of s	tock is: 100			
number of shares of s  TICLE V INITIAL  P  Name and Title:  Address	LOFFICERS AND/OR DIRECTORS RESIDENT VELASQUEZ GONZ	ZALEZ, LI	ZETH	
TICLE V INITIAL P Name and Title: Address	RESIDENT VELASQUEZ GONZ 163 NW 135 ST,		ZETH	
TICLE V INITIAL P Name and Title: Address	LOFFICERS AND/OR DIRECTORS RESIDENT VELASQUEZ GONZ		ZETH	7
TICLE V INITIAL P Name and Title: Address	RESIDENT VELASQUEZ GONZ 163 NW 135 ST,			7
TICLE V INITIAL P Name and Title: Address	A COPPICERS AND/OR DIRECTORS RESIDENT VELASQUEZ GONZ 163 NW 135 ST, DPA LOCKA, FL 33	<b>054</b> Name and Title:		7
TICLE V INITIAL P Name and Title: Address	A OFFICERS AND/OR DIRECTORS RESIDENT VELASQUEZ GONZ 163 NW 135 ST, DPA LOCKA, FL 33  V. PRESIDENT	Name and Title: Address:		7
number of shares of s  TCLE V INITIAL  Name and Title:  Address  4	A COPPICERS AND/OR DIRECTORS RESIDENT VELASQUEZ GONZ 163 NW 135 ST, DPA LOCKA, FL 33	054  Name and Title: Address: VZALEZ,		21/4 STA
number of shares of s  TCLE V INITIAL  Name and Title:  Address  4	A CONTROL OF FICERS AND/OR DIRECTORS RESIDENT VELASQUEZ GONZ 163 NW 135 ST, PA LOCKA, FL 33  V. PRESIDENT VELASQUEZ GONZ	054  Name and Title: Address: NZALEZ,		7m }

Name and Title:		Name and Title:		
Addre	258	Address:		
	<del></del>			
ARTICI E 10	DECIOTEREN ACENT			
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	f the registered agent is:		
Name:	MAN ARRA CORR	_		
	TAX S PRO CORP	_		
Address:	8030 PINES BLVD	-	777	
	PEMBROKE PINES, FL 33024	_	3	
			.;	
ARTICLE VII	INCORPORATOR		· 9	
The name and	address of the Incorporator is:			
rue native and	address of the incorporator is:		STATE	
	<b>THE 6</b>	_		
Address:	TAX S PRO CORP 8030 PINES BLVD		A.	
Muli Cos.	PEMBROKE PINES , FL 33024	_	,	
		_		
ARTICLE VIL	I EFFECTIVE DATE: if other than the date of filing: 08/03/2	024		
	e date is listed, the date must be specific and cannot		· On days after the	
filing.)		or be more than me days prior or	yo days ancer the	
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the document's	effective date on the Department of State's records,	seaturory thing requirements, this t	rate will not be fisted as	
	•			
Having been no	amed as registered agent to accept service of process f	or the above stated corporation at th	e place designated in this	
certificate, I an	s familiar with and accept the appointment as register	red agent and agree to act in this cap	xacity	
	1X .		08/03/2024	
·	Required Signatur Registered Agent		Date	
l culturis shin d		and the control of the second	e a aa e	
	ocument and affirm that the facts stated herein are e Department of Stape constitutes a third degree felon		ormation submitted in a	
			00/03/2024	
Damirad Clana	Turn (I non more to a		08/03/2024	
vedaned SiSug	nure/Incorporator	Date		