

Florida Department of State

Division of Corporations

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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

FILED
2024 SEP 20 PM 4:04
STATE
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION

HI SOCIAL & EVENTS CORP

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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

ARTICLE I NAMEThe name of the corporation shall be: HI SOCIAL & EVENTS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
2828 NW 1ST AVE UNIT 1005
MIAMI, FL 33127SAME Mailing address, if different is:

_____**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: NATHALIA ABREU RUCKS - PRESIDENT

Name and Title: _____

Address 2828 NW 1ST AVE APT 1005
MIAMI, FL 33127Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FL

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 Agent

09/20/2024

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/Incorporator

09/20/2024

Date

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DEPT. OF STATE
TALLAHASSEE, FL