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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

FLORIDA PROFIT/NON PROFIT CORPORATION
FELINTO FRANCA PA

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: FELINTO FRANCA PAARTICLE II PRINCIPAL OFFICEPrincipal street address14597 BARWICK RDDELRAY BEACH, FL 33445

SAME Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: REAL ESTATE ASSOCIATEARTICLE IV SHARESThe number of shares of stock is: 1000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: FELINTO FRANCA - PRESIDENT

Name and Title: _____

Address 14597 BARWICK RD

Address: _____

DELRAY BEACH, FL 33445

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2024 DEC -2 AM 4:18
FELINTO FRANCA
ASSOCIATE

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **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:**

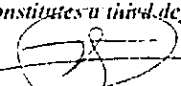
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 Agent11/25/2024

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/Incorporator11/25/2024

Date

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2024 DEC -2 AM 4:08
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