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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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION
O & P SOLUTIONS USA CORP

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STATE
TALLAHASSEE, FL

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME**O & P SOLUTIONS USA CORP**

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address2350 135th Street, Suite 810North Miami, FL33181

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARESThe number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ERIC MAGNUS BENZING - CEO

Name and Title: _____

Address 2350 135th Street, #810

Address: _____

North Miami, FL33181

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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 Agent12/4/2024
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/Incorporator12/4/2024
Date**FILED**
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