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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
AMPER LOGISTICS SOLUTIONS CORP**

Certificate of Status	0
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Page Count	02
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Corporate Filing Menu

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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: AMPER LOGISTICS SOLUTIONS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

SAME Mailing address, if different is:

11527 SW 248TH LANEHOMESTEAD, FL 33032**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: CAIO CEZAR AMORIM PEREIRA - CEO

Name and Title: _____

Address 11527 SW 248TH LANE

Address: _____

HOMESTEAD, FL 33032

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2024 DEC 16 PM 2:10
CLERK OF DISTRICT COURT
STATE OF 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

 Required Signature Registered Agent
 12/16/2024
 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
 12/16/2024
 Date

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 2024 DEC 16 PM 2:10
 SECRETARY OF STATE
 TALLAHASSEE, FL