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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : JTAX CORP Account Number: I20200000009 : (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.\*\*

विश्वहें Address: HELLO@JTAXCORP.COM

FLORIDA PROFIT/NON PROFIT CORPORATION **DV7 COMMERCE SOLUTIONS CORP** 

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporat	ion shall be: DV7 COMMERC	E SOLUTIONS CORF	o 	
ARTICLE II PRINC	<u>TPAL OFFICE</u> Principal <u>street</u> address	<sub>SAME</sub> Mail	Mailing address, if different is:	
2201 NE 36TH ST LIGHTHOUSE PT, FL	33064			<del></del>
ARTICLE III - PURPO	ONE ne corporation is organized is: ANY	AND ALL LAWFUL BUSI	NESS	
			2024 A	
			)	- 1722
ARTICLE IV SHARI The number of shares of	<u>ES</u> stock is: 1000			
	L OFFICERS AND/OR DIRECTOR  DANILO GURGEL PEREIRA - PRE			
Address	2201 NE 36TH ST LIGHTHOUSE PT, FL 33064	Address:		
				_
Name and Title:		Name and Title:	<del> </del>	
Address				
Name and Title:		Name and Title:		_
Address				
				<del></del>

From: Jtax Corp

Fax: 19545784500	To:
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Fax: (850) 617-6381

Page: 3 of 3

08/16/2024 3:45 PM

Name a	and Title:	Name and Title:
Addre	SS	Address:
	<u>REGINTERED AGENT</u> Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	JTAX CORP	
Address:	10055 YAMATO RD STE 206	
	BOCA RATON, FL 33498	<u></u>
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	2024 AUG 16 AM 12: 45 St. AN OF STATE TASSEE, FL
The name and	address of the Incorporator is:	
Name:	JTAX CORP	2: 4 FE
Address:	10055 YAMATO RD STE 206	
	BOCA RATON, FL 33498	<u> </u>
Effective date, i	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and ca	. (OPTIONAL) nnot be more than five days prior or 90 days after the
	te inserted in this block does not meet the applica effective date on the Department of State's recor	able statutory filing requirements, this date will not be listed as eds.
	med as registered agent to accept service of proce familiar with and accept the appointment as regi	ss for the above stated corporation at the place designated in this stered agent and agree to act in this capacity
		08/16/2024
	Required Signature Degistered Agent	Date
	ocument and affirm that the facts stated herein is Department of State constitutes a third degree fe	are true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.
		08/16/2024
Required Signal	ture/incorporator	Date