

Florida Department of State
Division of Corporations
Electronic Filing Center Sheet
P23000041284

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000193100 3)))



H230001931003ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 annual report mailings. Enter only one email address please.

Email Address: _____

FILED
2023 MAY 25 PM 4:07
TAXES
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

**FLORIDA PROFIT/NON PROFIT CORPORATION
GAHPE CORPORATION**

RECEIVED
2023 MAY 25 PM 3:49
COMMUNICATIONS
COMMERCIAL
SERVICES

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: GAHPE CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address
23123 STATE RD 7 STE 315 OFFICE G
BOCA RATON, FL, 33428

Mailing address, if different is:
SAME

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: SAULO HENRIQUE FERREIRA PRESIDENT
Address: 23123 STATE RD 7 STE 315 #G BOCA RATON, FL, 33428

Name and Title:
Address:

Name and Title:
Address:

FILED
2023 MAY 25 PM 4:07
SECRETARY 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 CORP
 Address: 23123 STATE RD 7 STE 315
BOCA RATON, FL 33428

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JTAX CORP
 Address: 23123 STATE RD 7 STE 315
BOCA RATON, FL 33428

DEPARTMENT OF STATE
 TALLAHASSEE, FL
 2023 MAY 25 PM 4:01
 FILED

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 05/25/2023
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 05/25/2023
Date