Division of Corporations Electronic Filing Cover Sheet

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(((H21000351848 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: TAP SOLUTIONS INC

Account Number : I20210000103

Phone

: (786)615-3057

Fax Number : (786)615-3058

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: info@ tapsolution, not

≅ FLORIDA PROFIT/NON PROFIT CORPORATION FY SKY CORP

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September 21, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

TAP SOLUTIONS

SUBJECT: FY SKY CORP REF: W21000126931

We have received your document for FY SKY CORP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Complet the address of the President in Article V.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III FAX Aud. #: H21000351848 Letter Number: 421A00022745

ARTICLES OF INCORPORATION

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

ARTICLE I NAM	<u>4E</u>	
The name of the corpo	oration shall be: FY SKY CORP	
ARTICI,E II PRI		
AAA	Principal street address	Mailing adda ic dicc
2343 NW 7TH ST	The parties address	Mailing address, if different is:
MIAMI FL 33125		Sale to prove the control
ARTIÇLE III PUR	2005	
The purpose for whic	h the corporation is organized is: ANY AN	ID ALL LAWFUL BUSINESS ACTIVITY
		
		
ARTICLE IV SHA	RES	
The number of shares	RES of stock is: 100% @ 10.00 EACH	
ADTICLE IZ IAUT	IAL OFFICERS AND OR DIRECTORS	
AKTIÇIÇE V TINTÎ	IAI, OFFICERS AND/OR DIRECTORS	
Name and Ti	tie: FACUNDO YAGUE / PRESIDENT	Name and Title:
A ddre ss	2343 NW 7TH ST	Address:
	miami FL 33125	
	mami PC SS(20)	-
		-
Name and Titi	le:	Name and Title:
Address		Adam
Addie22		Address:
Nome and Titl	n.	Name and minu
name and 110	V	Name and Title:
Address		Address:

Name and	l Title:	Name and Title:
Address		Address:
		Address.
ARTICLE VI R	PEGISTERED AGENT prida street address (P.O. Box NOT acceptable) of t	the registered agent is:
Name:	TAP SOLUTIONS INC	
Address:	2341 NW 7TH ST miami fl 33125	
ADTICL COM.	V/207507 1707	
AKTICLE VII I	<u>NCORPORATOR</u>	
The name and add	fress of the Incorporator is:	
Name:	FACUNDO YAGUE	
Address;	2343 NW 7TH ST	
	MIAMI FL 33125	
ADTICLE LAIR		
Effective date, if o	EFFECTIVE DATE: ther than the date of filing: 09/16/2021	. (OPTIONAL)
(If an effective da filing.)	te is listed, the date must be specific and cannot	be more than five days prior or 90 days after the
Note: If the date i	nserted in this block does not meet the applicable st ective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as
Having been name certificate, I am fai	d as registered agent to accept service of process for niliar with and accept the appointment as registered	the above stated corporation at the place designated in this dagent and agree to act in this capacity
	STORM	-2/19/21
•	Required Signature/Registered Agent	Date
I submit this docu- document to the De	ment and affirm that the facts stated herein are tr epartment of State constitutes a third degree felony o	rue. I am aware that the false information submitted in a as provided for in \$.817.155. F.S.
Λ	1	
Required Signature	dis ylighed incorporatory	Date 59 30 31
	¥ -	I