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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 : TAP SOLUTIONS INC

Account Number : I20210000103

Phone : (786)615-3057

Fax Number : (786)615-3058

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

Email Address: Info@tap3olution-net

FLORIDA LIMITED LIABILITY CO. LYMCAS LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |



| ARTICLESOFOR | CANIZATION FOR | LFLORIDA LIM | LUEDI | IABILITY COMPAN | Y |
|---|--|-----------------------|-------------------|--------------------------------------|---------------|
| ARTICLE 1 - Name: The name of the Limited Liability Co | ompany is: | | | | |
| LYMCAS LLC | | | | | |
| (Must contain t | he words "Limited | Liability Com | pany, "Î | L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street addre | ss of the principal (| office of the Li | mited L | iability Company is: | |
| <u>Principal O</u> | ffice Address: | | | Malling A | ddress: |
| 18117 BISCAYNE BLV AVENTURA FL 33160 | D #82 | | | BISCAYNE BLVE TURA FL |) #82 |
| | | | 33160 | | |
| ARTICLE III - Registered Agent, if (The Limited Liability Company can another business entity with an active The name and the Florida street address | not serve as its own e Florida registration | n Registered Apon.) | Agent gent. Yo | s Signature: ou must designate an | individual or |
| т | AP SOLUTIONS | nic | | | |
| 1. | AF SOLUTIONS | Name | ···· | 1 | |
| 22 | 343 NW 7TH ST | | | | |
| F | lorida street addres | ss (P.O. Box <u>N</u> | OT acc | cptable) | |
| М | IAMI | Fl, | | 33125 | |
| - | City | State | | Zip | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties; and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| Title: | Name and Address: | |
|--|---|--|
| "AMBR" - Authorized Member | | |
| "MGR" = Manager | · | |
| AMBR | ALDO JAVIER LIMARDO | |
| | 18117 BISCAYNE BLVD #82 | |
| | AVENTURA FL 33160 | |
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