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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MR  
2/16

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: TAS SOLUTIONS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: ANDREA M. SCHNAPP

Name (Printed or typed)

46 Gulf Ridge Drive

Address

Santa Rosa Beach, FL 32459

City, State & Zip

(850) 534-0684

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**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:

TAS SOLUTIONS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

46 Gulf Ridge Drive  
Santa Rosa Beach, FL 32459

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The transaction of any lawful business for which a corporation may be organized.

**ARTICLE IV SHARES**

The number of shares of stock is:

500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Thomas J. Schnapp, President, 46 Gulf Ridge Drive, Santa Rosa Beach, FL 32459  
Andrea M. Schnapp, Secretary, 46 Gulf Ridge Drive, Santa Rosa Beach, FL 32459

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Thomas J. Schnapp  
46 Gulf Ridge Drive  
Santa Rosa Beach, FL 32459

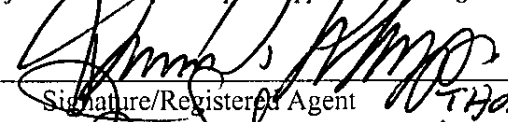
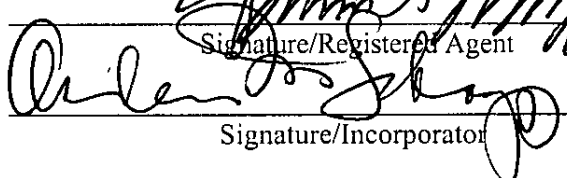
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Andrea M. Schnapp  
46 Gulf Ridge Drive  
Santa Rosa Beach, FL 32459

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent      THOMAS J. SCHNAPP      Date 2/12/09  
  
\_\_\_\_\_  
Signature/Incorporator      ANDREA M. SCHNAPP      Date 2/12/09

FILED

09 FEB 13 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA