P12000012758

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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02/06/12--01019--004 **78.75

2012 FEB -6 AM 9: 39
SECRETARY OF STATE
TALLAHASSEF FISHE

COVER LETTER

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

SUBJECT:	Tapp Financial Solutions, Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an or \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status \$78.75 Certificate of Status \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certificate of Status ADDITIONAL COPY REQUIRED				
FROM: _	Nancy D. Tapp Name (Printed or typed)				
21632 State Road 54, Lot 10 Address Lutz FL 33549					
City, State & Zip 317-965-7443 Daytime Telephone number ndtapp@verizon.net E-mail address: (to be used for future annual report notification)					

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 1 No.	AME Tapp Financial Solutions	, Inc.		
216	RINCIPAL OFFICE Principal street address 632 State Road 54. Lot 10 z, FL 33549		ddress, if different is:	
	TRPOSE h the corporation is organized is: the corporation is to conduct any law	wful purpose or pur	poses.	
The number of shares				
	vittal officers AND/OR DIRECTORS: Nancy D. Tapp, President/Secretary/Treasurer 21632 State Road 54, Lot 10 Lutz, FL 33549	Name and Title:Address:		
Name and Title Address:	:	Address:		
Name and Title Address:	:			
ARTICLE VI RI	EGISTERED AGENT		2012 5EC	
	a street address (P.O. Box NOT acceptable) of Corporation Service Company 1201 Hays Street Tallahassee, FL 32301	the registered agent is:	FEB -6 A	
	<u>VCORPORATOR</u>		3	
The name and addre Name: Address:	ss of the Incorporator is: Nancy D. Tapp 21632 State Road 54, Lot 10 Lutz, FL 33549		9: 39 CORAGA	
this certificate, I am f	as registered agent to accept service of process amiliar with and accept the appointment as registered. Assistant V Required Signature/Registered Agent	stered agent and agree to d	act in this capacity 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.				
Nancy	Required Signature/Incorporator	<u> </u>	Feb. 1.2012	