

P20000020659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

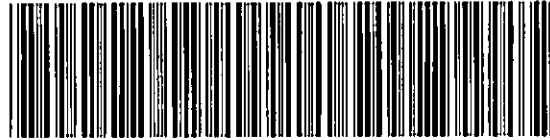
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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~~03/09/20--01001--004 **70.00~~

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FILED

2020 MAR -6 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FL

20 MAR -6 11:02 AM

20 MAR -6 11:02 AM

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TAPTUS CORP

Signature _____

Requested by: Seth

03/06/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

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

SUBJECT: TAPTUS CORP
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MAGALY MENDOZA
Name (Printed or typed)

7700 N KENDALL DRIVE, SUITE 300
Address

MIAMI, FL 33156
City, State & Zip

305-406-2585
Daytime Telephone number

CONTACT@GMAFLLC.COM
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)

FILED

ARTICLE I NAME

The name of the corporation shall be: TAPTUS CORP

2020 MAR 6 AM 11:02

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FL

4001 SOUTH OCEAN DRIVE #11C
HOLLYWOOD, FL 33019

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SANDRA I CHELLIS, OFFICER

Name and Title: FRANCISCO M. GUERRICO, OFFICER

Address: 4001 SOUTH OCEAN DRIVE # 11C
HOLLYWOOD, FL 33019

Address: 4001 SOUTH OCEAN DRIVE # 11C
HOLLYWOOD, FL 33019

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: MAGALY MENDOZA
Address: 7700 N KENDALL DRIVE, SUITE 300
MIAMI, FL 33156

2020 MAR 16 AM 11:02
SECRET
TALLAHASSEE, FL

FILED

ARTICLE VII INCORPORATOR

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

Name: SANDRA CHELLIS
Address: 4001 SOUTH OCEAN DRIVE #11C
HOLLYWOOD, FL 33019

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/01/2020 (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:

Magaly Mendoza

Required Signature/Registered Agent

3-1-2020

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.

Sandra Chellis

Required Signature/Incorporator

3/1/2020

Date