

5/7/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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.net

FLORIDA PROFIT/NON PROFIT CORPORATION LOS ARENALES INC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help



May 10, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAP SOLUTIONS INC

SUBJECT: LOS ARENALES INC
REF: W21000063658

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

Please return the corrected original and one copy of 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.

Steve J Kurisko
Regulatory Specialist II
New Filings

FAX Aud. #: H21000185244
Letter Number: 321A00009703

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

ARTICLE I NAMEThe name of the corporation shall be: LOS ARENALES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address350 NW 4TH ST APT 106MIAMI FL 33128

Mailing address, if different is:

350 NW 4TH ST APT 106MIAMI FL 33128**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ACTIVITY

ARTICLE IV SHARESThe number of shares of stock is: 100% @ 10.00 EACH**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NANCY D. NUNEZ BARBOZA PRESIDENT

Name and Title: _____

Address 350 NW 4TH ST APT 106

Address: _____

MIAMI FL 33128

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

Name: TAP SOLUTIONS INC
Address: 2341-2343 NW 7TH ST
MIAMI FL 33125

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: NANCY D. NUNEZ BARBOZA
Address: 350 NW 4TH ST APT 106
MIAMI FL 33128

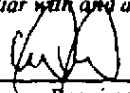
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

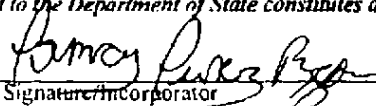


Required Signature/Registered Agent

05/07/2021

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.



Required Signature/Incorporator

05/07/2021

Date