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FLORIDA PROFIT/NON PROFIT CORPORATION ANTUNES & RENGIFO CORP

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TAL SOMULIONS INC

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) <u>ARTICLEI NAME</u> The name of the corporation shall be: ANTUNES & RENGIFO CORP ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address 2343 NW 7TH ST 2343 NW 7TH ST MIAMI FL 33125 MIAMI FL 33125 The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ACTIVITY ARTICLE IV SHARES The number of shares of stock is: 100% @ 10.00 EACH ARTICLE V INITIAL, OFFICERS AND/OR DIRECTORS Name and Title: DAYANA L ANTUNES RENGIFO- PRS Name and Title: 2343 NW 7TH ST ___ Address: Address MIAMI FL 33125 Name and Title: VICTOR J. ANTUNES RENGIFO-VP Name and Title:_____ 2343 NW 7TH ST _____ Address: Address MIAMI FL 33125 Name and Title: JORGE L. ANTUNES RENGIFO- VP Name and Title: 2343 NW 7TH ST _____ Address: Address MIAMI FL 33125

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and Fi Name: Address:	REGISTERED AGENT lorida street address (P.O. Box NOT accept TAP SOLUTIONS INC 2341 NW 7TH ST miami fl 33125	able) of the registered agent is:
ARTICLE VII	<u>INCORPORATOR</u>	
The name and as	ddress of the Incorporator is:	
Name:	DAYANA L. ANTUNES RENGIFO	
Address:	2343 NW 7TH ST	
	MIAMI FL 33125	
Offective date if	EFFECTIVE DATE: other than the date of filing: date is listed, the date must be specific and	. (OPTIONAL) I cannot be more than five days prior or 90 days after the
Note: If the date the document's e	e inserted in this block does not meet the appetition of State's r	olicable statutory filing requirements, this date will not be listed as ecords.
Having been nan certificate, I am j	ned as registered agent to accept service of pr familiar with and accept the appointment as	rocess for the above stated corporation at the place designated in the registered agent and agree to act in this capacity
	Talker	09/13/21
	Required Signature/Registered Age	
I submit this doe document to the	cument and affirm that the facts stated her Department of State constitutes a third degre	cin are true. I am aware that the false information submitted in see felony as provided for in s.817.155, F.S.
Payer Required Signature	y Antimy ure/Incorporator	Date 09/13/2/
		명. 7)
		""

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