

09/28/2021

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TAP SOLUTIONS INC

0002 0004

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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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**  
**ROY GIL CORPORATION**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

SEP 29 2021  
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**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: ROY GIL CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address420 SW 12TH AVE APT 803MIAMI, FLORIDA 33130

Mailing address, if different is:

420 SW 12TH AVE APT 803MIAMI FLORIDA 33130**ARTICLE III PURPOSE**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 Percent @ 10.00 each**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ROY STEVEN GIL PABON / PRESIDENT

Name and Title: \_\_\_\_\_

Address 420 SW 12TH AVE APT 803

Address: \_\_\_\_\_

MIAMI FL 33130

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: TAP SOLUTIONS INCAddress: 2341 NW 7TH ST miami fl 33125**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROY STEVEEN GIL PABONAddress: 420 SW 12TH AVE APT 803MIAMI FL 33130**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

09/22/21

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

09/22/2021

Date

09/23/2021 10:11 AM FAX 7866153058  
850-617-6381

TAP SOLUTIONS INC  
9/23/2021 10:11:54 AM PAGE 1/001

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Fax Server



September 23, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TAP SOLUTIONS INC

SUBJECT: ROY GIL CORPORATION  
REF: W21000128030

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.

shares must be a whole number no percentage or decimal

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico  
Regulatory Specialist III  
New Filing Section

FAX Aud. #: H21000355808  
Letter Number: 521A00023013