

P21000090429
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
LA MIMOSA HOUSEHOLD SERVICE INC**

Certificate of Status	1
Certified Copy	0
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TAP SOLUTIONS INC

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10/13/2021 12:19:28 PM PAGE 1/001 Fax Server



October 13, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAP SOLUTIONS INC

2ND CORRECTION REQUEST

SUBJECT: LA MIMOSA HOUSEHOLD SERVICE INC
REF: W21000135461

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.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H21000379264
Letter Number: 821A00024769

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: LA MIMOSA HOUSEHOLD SERVICE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address1627 NW 2ND STMIAMI FL 33125

Mailing address, if different is:

1627 NW 2ND STMIAMI FL 33125**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 Shares @ \$10.00 EACH**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MIRIAM SEVERE ALPHEE / PRESIDENTAddress 1627 NW 2ND STMIAMI FL 33125

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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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 INC
Address: 2341 NW 7TH ST
MIAMI FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

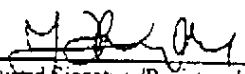
Name: MIRIAM SEVERE ALPHEE
Address: 1627 NW 2ND ST
MIAMI FL 33125

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.)

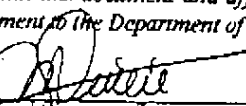
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/11/21
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

10/11/21
Date