## 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

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## FLORIDA PROFIT/NON PROFIT CORPORATION **GORIGOGO MOVILSHOP**

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

T. BURCH OCT 2 0 2021

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

| The name of the corpo                                     | ME<br>pration shall be: GORIGOGO MOVILS                                  | SHOP    | CORP                                  |                          |
|---|--|---------|---------------------------------------|--------------------------|
| ARTICLE II PRI<br>7084 SW 158 PATH<br>MIAMI FLORIDA 33193 | NCIPAL OFFICE<br>Principal street address                                |         | · · · · · · · · · · · · · · · · · · · | ddress, if different is: |
| ARTICLE III PUR The purpose for which                     | POSE h the corporation is organized is: ANY AN                           | D ALL I | AWFUL BUSINE                          | ESS ACTIVITY             |
|   |  |         |                                       |                          |
| ARTICLE IV SHAL   | <u>RES</u><br>of stock is: 100 SHARES @ \$10.00 EA                       | Сн      |                                       | WYTTW.                   |
| ARTICLE V INITI   | AL OFFICERS AND/OR DIRECTORS<br>IC: GINA TATIANA RODRIGUEZ JARAMILLO- PO |         | and Title:                            | 19 11                    |
| Address   | 7084 SW 158 PATH MIAMI FL 33193  | _ Addre |                                       |                          |
| Name and Title<br>Address                                 |  | _ Name  |                                       |                          |
| Name and Title  |  | -       |                                       |                          |
| Address   |  |         |                                       |                          |
|   |  | •       | <del></del>                           |                          |

| Name a                                | and Title:  | Name and Title:  |
|---------------------------------------|---|--|
| Addre                                 | ss  | Address:   |
|                                       |   |  |
|                                       |   |  |
| ARTICLE VI                            |   |  |
| Name:                                 | Torida street address (P.O. Box NOT acceptable) TAP SOLUTIONS INC | of the registered agent is:                                      |
| Address:                              | 2341 NW 7TH ST miami fl 33125                                     | _  |
|                                       |   | <del>-</del>   |
| ARTICLE VII                           | INCORPORATOR  | 7 <u>A</u>   |
| The name and a                        | ddress of the incorporator is:                                    | - 1 A C C C C C C C C C C C C C C C C C C                        |
| Name:                                 | GINA TATIANA RODRIGUEZ JA   | <del>-</del>   /   |
| Address:                              | 7084 SW 158 PATH  |  |
|                                       | MIAMI FL 33193  | TON US   |
| ARTICLE VIII                          | EFFECTIVE DATE:   | 388<br>100 H   |
| Effective date, if (If an effective d | other than the date of filing                                     | ot be more than five days prior or 90 days after the             |
| mug.)                                 |   |  |
| the document's e                      | ffective date on the Department of State's records                | statutory filing requirements, this date will not be listed as   |
| Having been nam                       | ted as registered agent to accept service of process j            | for the above stated corporation at the place designated in this |
| y                                     | amiliar with and accept the appointment as registe                | rea ayear and agree to act in this capacity                      |
|                                       | Required Signature/Registered Agent                               | 10/19/2021<br>Date   |
| I submit this doci                    | ·   | true. I am aware that the false information submitted in a       |
| document to the L                     | repartment of State constitutes a third degree felon              | y as provided for in s.817.155, F.S.                             |
| Required Signatur                     | VI noncombo   | 10/19/2021   |
| Required Signatur                     | dincorporator   | Date   |