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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 CUBANICA FASHION CORP

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

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

ARTICLE I NAMEThe name of the corporation shall be: CUBANICA FASHION CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address10929 NW 1 LNMIAMI FL 33172

Mailing address, if different is:

10929 NW 1 LNMIAMI FLORIDA 33172**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: JAVIER AVILA- PST

Name and Title: _____

Address 10929 NW 1 LN

Address: _____

MIAMI FL 33172Name and Title: MINETH MARINA QUINTERO MALTEZ- VP

Name and Title: _____

Address 10929 NW 1 LN

Address: _____

MIAMI FL 33172

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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ST. ALPHONSE'S
SECRET

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 NW 7TH ST miami fl 33125

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JAVIER AVILA
Address: 10929 NW 1 LN
MIAMI FL 33172

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.

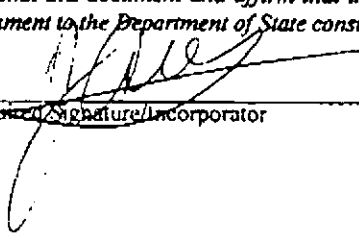
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

10/20/21

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 §817.155, F.S.


Required Signature/Incorporator

10/20/2021

Date