

P21000091235
 Florida Department of State
 Division of Corporations
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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
 STELLA FLORES CORPORATION**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

2021 OCT 20 AM 2:54

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: STELLA FLORES CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address1840 W 62ND ST APT 205HIALEAH FL 33012

Mailing address, if different is:

1840 W 62ND ST APT 205HIALEAH FL 33012**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: AURA STELLA MEZA PRS

Name and Title: _____

Address 1840 w 62nd st apt 205

Address: _____

HIALEAH FL 33012

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2021 OCT 20 AM 2:54
TAP SOLUTIONS INC
HIALEAH, FL 33012

10/20/2021 1:42 PM FAX 7866153058

TAP SOLUTIONS INC

0003/0003

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: AURA STELLA MEZA
Address: 1840 W 62ND ST
HIALEAH FL 33012

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 s.817.155, F.S.