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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
DEPORTES OLIVETT CORP

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: DEPORTES OLIVETT CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address13772 SW 143RD ST UNIT JMIAMI FLORIDA 33186

Mailing address, if different is:

13772 SW 143RD ST UNIT JMIAMI FLORIDA 33186**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: ANATOLIA JOSEFINA MACEROLA-PT

Name and Title: _____

Address

13772 SW 143RD ST UNIT J

Address: _____

MIAMI FL 33186Name and Title: GABRIEL ALEJANDRO OLIVETT MACEROLA- VP

Name and Title: _____

Address

13772 SW 143RD ST UNIT J

Address: _____

MIAMI FL 33186

Name and Title: _____

Name and Title: _____

Address

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: ANATOLIA JOSEFINA MACEROLA
Address: 13772 SW 143RD ST UNIT J
MIAMI FL 33186

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

10/28/2021

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

10/28/2021

Date