

P22000001930Florida 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.netFLORIDA PROFIT/NON PROFIT CORPORATION
ITALVEN NAT & BARB CORP

Certificate of Status	1
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ARTICLES OF INCORPORATION

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

ARTICLE 1 NAME

ARTICLE 1 NAME
The name of the corporation shall be: **ITALVEN NAT & BARB CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address

3876 SW 4TH ST

MIAMI FLORIDA 33135

Mailing address, if different is:

3675 SW 4TH ST

MIAMI FLORIDA 33135

ARTICLE III PURPOSE

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ACTIVITY

ARTICLE IV SHARES

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: ENECTUAT NATACHA GUARIPA VARGAS- PT Name and Title:

Address 3675 SW 4TH ST

MIAMI FL 33130

Address:

Name and Title: _____ Name and Title: _____

Address

Address:

Name and Title: _____ Name and Title: _____

Address

Address:

50:11 3:22

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 INCAddress: 2341 NW 7TH ST miami fl 33125**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ENECTIJAT NATACHA GUARIPA VARGAS

Address: _____

MIAMI FL 33135**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 Agent01/03/2022
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/Incorporator01/03/2022
Date