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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.\*\*

## FLORIDA PROFIT/NON PROFIT CORPORATION MILOLU CORP

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

	tion shall be: MILOLU CORP					
RTICLE II PRINC	CIPAL OFFICE Principal <u>street</u> address	1	Mailing address, if a	liffcrent i	is:	
615 NE 22 ST FLO	OR 12 APT 7		····			
MIAMI, FL 33137						
ARTICLE III PURP The purpose for which t	OSE he corporation is organized is: ANY AND	ALL LAWFUL	BUSINESS ACT	IVITY		<del></del>
					-	
		-				
			_	<del></del>		
	stock is: 100 SHARES @ \$10.00 EACI	<del>1</del>			2022 JAN	** 1
	I <i>L OFFICERS AND/OR DIRECTORS</i> : Lourdes arr <u>iola Lombardo</u> - presdident	Name and Title		55.55 57.58 67.58 67.58	¥21	
Address	615 NE 22 ST FLOOR 12 APT 7				<b>3</b>	П
	MIAMI, FL 33137			PA	<del>=</del> 2	_
Name and Title		Name and Title				
Address		Address:				
	·					
Name and Title		Name and Title	· · · · · · · · · · · · · · · · · · ·			•
Address .		Address:				

Name ar	nd Title:	Name and Title:
Addres	s	Address:
	REGISTERED AGENT	
The name and F	lorida 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 a	ddress of the Incorporator is:	<b>5</b> 2
Name:	LOURDES ARRIOLA LOMBARDO	2822 .
Address:	615 NE 22 ST FLOOR 12 APT 7	JAN 2
	MIAMI, FL 33137	
Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)
(If an effective of filing.)	date is listed, the date must be specific and canno	the more than five days prior or Wedays after the
Note: If the date the document's c	r inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed a
	ned as registered agent to accept service of process fo familiar with and accept the appointment as registere	r the above stated corporation at the place designated in t ad agent and agree to act in this capacity
	MARK.	01/21/22
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in as provided for in s.817.155, F.S.
Loin	alos Armoler.	01/21/22
Remitted Stemati	ure/Incorporator	Date