## 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 : 120210000103 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: 10fo@ tapsolution. net

129 FFB - 7 PM 10: 25

## FLORIDA PROFIT/NON PROFIT CORPORATION TACOS ZONE CORP

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

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

CLE II PRINCI			
F	rincipal street address	Mailing address, if different is:	
50 GATORLAND DR UNIT 1-2		5916 AUVER BLVD APT 106	
RLANDO FL 32837		ORLANDO. FL 32807	
CLE III PURPOS			
urpose for which th	e corporation is organized is: ANY ANI	ALL LAWFUL BUSINESS A	CTIVITY
			<del></del>
		· · · · · · · · · · · · · · · · · · ·	
CLE IV SHARE	S		
ICLE IV SHARE anniber of shares of s	S took is: 100 PERCENT @\$10.00 EACH		
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umber of shares of s	took is: 100 PERCENT @\$10.00 EACH  LOFFICERS AND/OR DIRECTORS	Name and Title:	
umber of shares of s ICLE V INITIA Name and Title	LOFFICERS AND/OR DIRECTORS GUST'AVO CADENAS- PRESIDENT 5916 AUVER BLVD APT106	Name and Title:Address:	
umber of shares of s ICLE V INITIA Name and Title	LOFFICERS AND/OR DIRECTORS GUST'A VO CADENAS- PRESIDENT	Name and Title:Address:	
umber of shares of s ICLE V INITIA Name and Title	LOFFICERS AND/OR DIRECTORS GUST'AVO CADENAS- PRESIDENT 5916 AUVER BLVD APT106	Name and Title:Address:	~
number of shares of s ICLE V INITIA Name and Title Address	LOFFICERS AND/OR DIRECTORS GUST'A VO CADENAS- PRESIDENT 5916 AUVER BLVD APT106 ORLANDO, FL 32807	Name and Title:Address:	N-3
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number of shares of s ICLE V INITIA Name and Title Address	LOFFICERS AND/OR DIRECTORS GUST'A VO CADENAS- PRESIDENT 5916 AUVER BLVD APT106 ORLANDO, FL 32807	Name and Title:Address:	
Name and Title:	LOFFICERS AND/OR DIRECTORS GUST'A VO CADENAS- PRESIDENT 5916 AUVER BLVD APT106 ORLANDO, FL 32807	Name and Title:  Address:  Name and Title:	
Name and Title:	LOFFICERS AND/OR DIRECTORS GUST'A VO CADENAS- PRESIDENT 5916 AUVER BLVD APT106 ORLANDO, FL 32807	Name and Title:  Address:  Name and Title:	
Name and Title:	LOFFICERS AND/OR DIRECTORS GUST'A VO CADENAS- PRESIDENT 5916 AUVER BLVD APT106 ORLANDO, FL 32807	Name and Title:  Address:  Name and Title:	
Name and Title  Address  Address	LOFFICERS AND/OR DIRECTORS GUST'AVO CADENAS- PRESIDENT 5916 AUVER BLVD APT106 ORLANDO, FL 32807	Name and Title: Address: Name and Title:Address:	7177
Name and Title  Address  Address	LOFFICERS AND/OR DIRECTORS GUST'A VO CADENAS- PRESIDENT 5916 AUVER BLVD APT106 ORLANDO, FL 32807	Name and Title: Address: Name and Title:Address:	7177
Name and Title  Address  Address	LOFFICERS AND/OR DIRECTORS GUST'AVO CADENAS- PRESIDENT 5916 AUVER BLVD APT106 ORLANDO, FL 32807	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	7177

Name an	d Title:	Name and Title:	<del></del>
Address		Address:	
ARTICLE VI The name and F	<u>REGISTERED AGENT</u> Tortela street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	TAP SOLUTIONS INC	··· <del>·</del>	
Address:	2341 NW 7TH ST	<u>.</u>	<u>€</u> 3
	MIAMI FL 33125	·	21-29 F
ARTICLE VII	INCORPORATOR		(c)
The name and a	ddress of the Incorporator is:		₹:
Name:	GUSTAVO CADENAS		ထ္ ယ
Address:	5916 AUVER BLVD APT106		<u>C</u>
	ORLANDO, FL 32807		
Effective date, i	EFFECTIVE DATE:  f other than the date of filing:  date is listed, the date must be specific and	(OPTIONAL)	r 90 days after the
Note: If the dat	e inserted in this block does not meet the appetition of State's re	licable statutory filing requirements, this cords.	date will not he listed as
Having been na. certificute, I am	med as registered agent to accept service of pr familiar with and accept the appointment as t	ocess for the above stated corporation at t registered agent and agree to act in this co	he place designated in thi spacity
	Clayed )		02/03/2022
	Required Signature/Registered Age		Date
I submit this do document to the	ocument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the fulse is e felony as provided for in s.817.J55, F.S.	nformation submitted in a
	Sha		02/03/2022
Required Signat	ture/fucor-orator	Date	