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

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FLORIDA PROFIT/NON PROFIT CORPORATION POLI & MULTI 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)

•	on shall be: POLI & MUTLI CORP			
	IPAL OFFICE Principal <u>street</u> address	N	Mailing address, if	different is:
01 SW 76 CT				
MIAMI, PL 33144				
RTICLE III PURPO the purpose for which the	SE ne corporation is organized is: ANY AND	ALL LAWFUL E	BUSINESS ACTI	VIŢΥ
			- · ·	
RTICLE IV SHARE tumber of shares of s	ES Nock is: 100 Percent @ \$10,00 Each			2027 FEL 21
RTICLE V INTIA	L OFFICERS AND/OR DIRECTORS			2 3
Name and Title	LUCILA DE MARIA GONZALEZ MARTINEZ. PRST	Name and Title:	JORGE PEDROSO	RIVERO VP.
Address	301 SW 76 CT	Address:	301 SW 76 CT	
	MIAMI, FL 33144		MIAMI, FL 33144	<u> </u>
		•		
Name and Title:		Name and Title:		
Name and Title:		Name and Title: Address:		
			-	
Address		Address:		
Address Name and Title:		Address: Name and Title:		
Address		Address: Name and Title:		

Name and Title:		Name and Title:		
Address		Address:		
ARTICLE VI The name and F	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable	de) of the amoint of		
Name:	TAP SOLUTIONS INC	ie) of the tegisteted agent is:		
Address:	2341 NW 7TH ST	 -		
	MIAMI, FL 33125	 : دم		
ARTICI F VII	INCORPORATOR	2027 FEB		
	dress of the Incorporator is:			
Name;	LUCILA DE MARIA GONZALEZ MARTINEZ			
Address:	301 SW 76 CT	<u>_</u>		
	MIAMI, FL 33144			
Effective date of or	EFFECTIVE DATE: ther than the date of filing: te Is listed, the date must be specific and can	. (OPTIONAL) Inot be more than five days prior or 90 days after the		
Note: If the date in the document's effe	nscrted in this block does not meet the applical sective date on the Department of State's record	ble statutory filing requirements, this date will not be listed as		
Having been name certificate, I am fan	d as registered agent to accept service of process niliar with and accept the appointment as regis	s for the above stated corporation at the place designated in this tered agent and agree to act in this capacity		
	Required Signature/Registered Agent			
I submit this docum document to the De	nent and affirm that the facts stated herein a partment of State constitutes a third degree felo	re true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.		
Required Signature	Incorporator	$\frac{-02/19/22}{}$		