

**P22000020383**

Florida 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.net

22 MAR 17 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ELECTRONIC RESCUE CO CORP**

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

**S. CHATHAM**

**MAR 18 2022**

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

22 MAR 17 PM 4:08

**ARTICLE I NAME**The name of the corporation shall be: ELECTRONIC RESCUE CO CORP**ARTICLE II PRINCIPAL OFFICE**Principal street addressSECRETARY OF STATE  
TALBAHASSEE, FLORIDA  
Mailing address, if different is:2341 NW 7TH STMIAMI, FL 33125**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 PERCENT @ \$10.00 EACH**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CRISTIAN D RAMIREZ FERNANDEZ-PRST Name and Title: \_\_\_\_\_Address 2341 NW 7TH ST Address: \_\_\_\_\_MIAMI, FL 33125 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**FILED**

Name and Title, \_\_\_\_\_ Name and Title, \_\_\_\_\_

Address \_\_\_\_\_ Address: 22 MAR 17 11 40

22 MAR 17 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: CRISTIAN D RAMIREZ FERNANDEZ

Address: 241 NW 7TH ST

MIAMI, FL 33125

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

03/15/2022

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 § 817.155, F.S.*

Required Signature/Incorporator

Date 03/15/2022