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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 GRANDPA REMODELING CORP

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

RTICLE I NAME he name of the corporati	ion shall be: GRANDPA REMODELIN	G CORP		
RTICLE II PRINC			Mailing address, if different is:	
2545 SW 31ST AVE				
MIAMI, FL 33133				
RTICLE III PURPO ne purpose for which th	ISE ne corporation is organized is: ANY AN			
			2022 SEC	
			MAR 3 I	
			SSE &	
			AM 10: 01	
RTICLE IV SHARE	ES .		AM IO: 0	
e number of shares of s	Hock is: 100 PERCENT @\$10.00 EACH		20. 10. 10.	
RTICLE V INITIA	I, OFFICERS AND/OR DIRECTORS		·	
Name and Title	IOSVANY FIDEL RODRIGUEZ- P	Name and Title:		
Address	2545 SW 31ST AVE	Address:		
	MIAMI, FL 33133			
Name and Title:		Name and Title:	77.4	
Address				
			·	
				
Name and Title:		Name and Title:		
Address				
, Maron			······································	

 Name 	and Title:	Name and Title:	
Addre	ess	Address:	
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT ac	contable) of the surjetered point in	
Name:	TAP SOLUTIONS INC	expanded of the registered agent is.	=
Address:	2341 NW 7TH ST		2022 1 SEC ALL
	MIAMI, FL 33125	- <u></u> -	FIL 2022 MAR 31 SECRLIARY ALLAHASSE
ARTICI.E VII	INCORPORATOR		
The name and a	address of the Incorporator is:		AM IO: 0.1 E. FLORID
Name:	IOSVANY RODRIGUEZ		₫ <u>,</u>
Address:	2545 SW 3 (ST AVE		
	MIAMI, FL 33133		
Effective date, i	EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific	. (OPTIONAL and cannot be more than five days	-) prior or 90 days after the
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Having been not certificate, I am	med as registered agent to accept service of familiar with and accept the appointment	l as registered agent and agree to act in	ion at the place designated in this this capacity 03/31/2022
Tankini de t	Required Signatur Registated	.	/ Date
i submit this do document to the	cument and affirm that the facts stated to Department of State constitutes a third d	herein are true. I um uware that the j egree felany as provided for in s.817.13	false information submitted in a SS, F.S.
1=			3/31/22
kequired Signat	ure/Incorporator		Date /