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(((H22000154599 3)))



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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 ZELAYA CARPENTER CORP

| Certificate of Status | 1 |
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Help



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

| • | on shall be: ZELAYA CARPENTER | | | |
|--|---|----------------------|-----------------------------------|--|
| <u>ARTICLE II PRINCI</u> P | PALOFFICE rincipal <u>street</u> address | Mailing add | Mailing address, if different is: | |
| 5648 FOURTH AVE | | | | |
| FORT MYERS, FL 3 | 3907 | | | |
| ARTICLE III PURPOS The purpose for which the | SE corporation is organized is: <u>ANY AN</u> | D ALL LAWFUL BUSINES | SS ACTIVITY | |
| | | | | |
| | | | | |
| | | | | |
| ARTICLE IV SHARE | ∑ ock is: 100 SHARES @ \$10.00 EA(| -u | 63 | |
| | OFFICERS AND/OR DIRECTORS | <u> </u> | 2022 APR | |
| | JUAN ZELAYA- PRESIDENT | _ Name and Title: | ~· (V) · | |
| Address _ | 5648 FOURTH AVE | Address: | <u> </u> | |
| | FORT MYERS, FL 33907 | | | |
| - | | | | |
| Name and Title:_ | | _ Name and Title: | | |
| Address | | Address: | | |
| - | | | | |
| Name and Title:_ | | _ Name and Title: | | |
| Address | | Address: | | |
| - | | | | |

| Name ar | nd Title: | Name and Title: | |
|--------------------------------------|--|---|---|
| Address | | Address: | |
| | | | |
| | | | |
| | REGISTERED AGENT lorida street address (P.O. Box NOT acceptable | e) of the registered agent is: | |
| Name: | TAP SOLUTIONS INC | | |
| Address: | 2343 NW 7TH ST | <u> </u> | |
| | MIAMI, FL 33125 | | |
| <u>ARTICLE VII</u> | INCORPORATOR | | |
| The name and a | ddress of the Incorporator is: | | !~! 2022 APR 7ALLA |
| Name: | JUAN ZELAYA | | APR |
| Address: | 5648 FOURTH AVE | <u></u> | 29 |
| | FORT MYERS, FL 33907 | _ | 2 APR 29 PM WALLAMASSEE |
| ARTICLE VIII Effective date, if | _EFFECTIVE DATE: other than the date of filing: | (OPTIONAL) | 于 3 3 69 |
| (If an effective of fling.) | date is listed, the date must be specific and ca | nnot be more than five days pr | ior or 90 days after the |
| | c inserted in this block does not meet the applications of State's reconstruction of State's reconstruction. | | this date will not be listed as |
| Having been nat certificate, I am | med as registered agent to accept service of proce familiar with and accept the appointment as reg | ess for the above stated corporation istered agent and agree to act in the | n at the place designated in this his capacity |
| 1 | Lehre | | 4/28/22 |
| | Required Signature/Registered Agent | | Date |
| | cument and affirm that the facts stated herein Department of State constitutes a third degree fo | | |
| Juan | 3 ZR | | 04-28-22 |
| Required Signat | ure/incorporator | Dat | te |