

P22000047620
 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

FILED
 2022 JUN 13 AM 11:46
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

****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@tap.solutions.net

**FLORIDA PROFIT/NON PROFIT CORPORATION
 SERVICE SRC 2022 CORP**

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

HL

RECEIVED

2022 JUN 13 PM 3:25

REGISTRATION
 COMMERCIAL
 SERVICES

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: SERVICE SRC 2022 CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
421 NE 35TH ST APT 9
MIAMI FL 33137Mailing address, if different is:
421 NE 35TH ST APT 9
MIAMI FL 33137**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ACTIVITY PERMITTED**ARTICLE IV SHARES**The number of shares of stock is: 100 PERCENT SHARES @ 10.00 EACH**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SANTIAGO ALEJANDRO RAMIREZ CRUZ- P Name and Title: _____Address: 421 NE 35TH ST APT 9
MIAM FL 33137

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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: SANTIAGO ALEJANDRO RAMIREZ CRUZ
Address: 421 NE 35TH ST APT 9
MIAMI FL 33137


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.

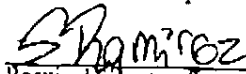


Required Signature/Registered Agent

06-13-2022

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 s.817.155, F.S.



Required Signature/Incorporator

06-13-2022

Date

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