

**P220000049318**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**PEREZ MENDOZA CORP**

Certificate of Status	1
Certified Copy	0
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CORPORATIONS  
COMMERCIAL  
SERVICES

2022 JUN 16 PM 1:14

## ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: PEREZ MENDOZA CORPARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

3092 NW 27TH STMIAMI, FL 33142ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ACTIVITYARTICLE IV SHARESThe number of shares of stock is: 100 SHARES @ \$10.00 EACHARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: ESTEBAN PEREZ TOLEDO-PRST

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

Address 3092 NW 27TH ST

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

MIAMI, FL 33142

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2022 JUN 16 PM 1:14

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

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

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\_\_\_\_\_

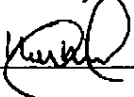
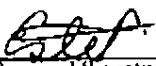
\_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: TAP SOLUTIONS INCAddress: 2341 NW 7TH STMIAMI, FL 33125**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ESTEBAN PEREZ TOLEDOAddress: 3092 NW 27TH STMIAMI, FL 33142**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 Agent06/16/2022  
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/Incorporator06/16/2022  
Date