Paris Transfer of Sate 97 Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number: (850)617-6381

Account Name : TAP SOLUTIONS INC Account Number : I20210000103

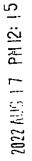
Phone : (786)615-3057 Fax Number : (786)615-3058

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: 9nfo@tapsolution.net

FLORIDA PROFIT/NON PROFIT CORPORATION SUR CONSTRUCTION WORK CORP

Certificate of Status	1
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Page Count	03
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE II PRINCI	IPAL OFFICE		
	Principal street address	M	ailing address, if different is:
BI SW 80TH ST AF	PT 403		
		.	
AMI, FL 33193		-	•
CLE III PURPO	<u>SE</u>	DALLIAWEIII BI	SINESS ACTIVITY
urpose for which th	e corporation is organized is: ANY AN		7011/2007/011/11
			
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CLE IV SHARE	S		,
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Name a	and Title:	Name and Title:	
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ARTICI E VI	REGISTERED AGENT		
The name and I	Florida street address (P.O. Box NOT acceptable	e) of the registered name in	
Name:	TAP SOLUTIONS INC	e) of the registered agent is:	
Address:	2341 NW 7TH ST		
	MIAMI, FL 33125	·	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		5.55 5.55 5.55 5.55 5.55 5.55 5.55 5.5
Name:	FABIAN LOZANO		55 \$110
Address:	15231 SW 80TH ST APT 403	_ _	
	MIAMI, FL 33193	- <u></u>	: 교환 교교
			. 2:
ARTICLE VIII	EFFECTIVE DATE:		- + O
Effective date, if	other than the date of filing:	(OPTIONAL)	1
filing.)	ate is listed, the date must be specific and car	not be more than five days prior	r or 90 days after the
Note: If the date the document's e	inserted in this block does not meet the applical fective date on the Department of State's record	ble statutory filing requirements, the	nis date will not be listed as
Having been nam certificate, I am fi	ed as registered agent to accept service of proces amiliar with and accept the appointment as regis	s for the above stated corporation a tered agent and agree to act in this	t the place designated in this capacity
	Paris Sister		08/17/2022
	Required Signature Registered Agent		Date
I submit this docu document to the I	than and affirm that the facts stated herein a separtment of State constitutes a third degree fell	re true. I am aware that the false ony as provided for in s.817.155, F.	information submitted in a S.
Required Signature	Encorporator		08/17/2022
the	- Political	Date	·