

Florida Department of State  
 Division of Corporations  
**P 22000066297**  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000287022 3)))



H220002870223ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

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

95-1 111 410. 7663

**\*\*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**  
**CMAC MANAGEMENT COMPANY INC**

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

2022 AUG 24 PM 4:40

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

**ARTICLE I NAME**

The name of the corporation shall be: CMAC MANAGEMENT COMPANY INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1250 NW 21 ST APT 1106

MIAMI, FL 33142

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ACTIVITY

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES @ \$10.00 EACH

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CINTHIA ARZU- PRESIDENT

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

Address 1250 NW 21 ST APT 1106

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

MIAMI, FL 33142

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

99 AUG 24 AM 1:56

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 71TH ST  
MIAMI, FL 33125

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CINTHIA ARZU  
 Address: 1250 NW 21 ST APT 1106  
MIAMI, FL 33142

REC'D AUG 24 AM 1:56

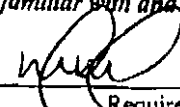
**ARTICLE VIII EFFECTIVE DATE:**

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.)

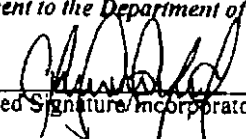
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

8/24/22  
 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.817.135, F.S.*

  
 Required Signature/Incorporator

08-24-22  
 Date