Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : TAX 4 TRUCKS INC Account Number : I20190000100 Phone : (305)764-3080 : (305)675-6155 Fax Number

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

Email Address: ____|orge@tax4trucks.com

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FLORIDA PROFIT/NON PROFIT CORPORATION MIGUEL SOLUTIONS INC

Certificate of Status	0
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Help



Tu: Sunbiz Account

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

TICLE II PRINC	IPAL OFFICE	•	
TICLE II PRINC	Principal street address	Mailing addr	ess, if different is:
00 NW 6TH ST, UN	IT 501	600 NW 6TH ST, U	JNIT 501
IAMI BEACH, FL 3	3136	MIAMI BEACH, FL	33136
TICLE III PURPO	<u>DSE</u>	ALL LAWELL DUCKLESS	
e purpose for which t	he corporation is organized is: ANY AND	ALL LAWFUL BUSINESS	
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		-	
•			r. o
RTICLE IV SIJAR	pç		<u> </u>
e number of shares of	stock is: 100		N
			5
OTICIE V INITI.	AL OFFICERS AND/OR DIRECTORS		<u> </u>
	•		2
Name and Titl	MIGUEL RAMOS; PRESIDENT	Name and Title:	
Address	600 NW 6TH ST, UNIT 501	Address:	G.
Municas			
	MIAMI BEACH, FL 33136		· · · · · · · · · · · · · · · · · · ·
	•		
		<u> </u>	
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Name and Title	:	Name and Title:	
Address		Address:	
7(20.000			
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	e:	Name and Title:	
Name and Title		A 4 dan	
		Address:	
Name and Title		Address:	
		Address:	

. Name an	d Title:	Name and Title:	
Address		Address:	
			_
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	MIGUEL RAMOS		
Address:	600 NW 6TH ST, UNIT 501	-	
	MIAMI BEACH, FL 33136	-	
ARTICLE VII	<u>INCORPORATOR</u>		
	dress of the Incorporator is:		
	· .	रून ' अ ' का (1988	
Name:	MIGUEL RAMOS		
Address:	600 NW 6TH ST, UNIT 501	Alic	
	MIAMI BEACH, FL 33136	្ត ហ	-
	,	7	
ARTICLE VIII	EFFECTIVE DATE: other than the date of filing:	(CDTTO)111)	
		t be more than five days prior or 90 days after the	
	inserted in this block does not meet the applicable ffective date on the Department of State's records.	statutory filing requirements, this date will not be listed	d as
Having been nan certificate, I am j	ned as registered agent to accept service of process for amiliar with and accept the appointment as register	or the above stated corporation at the place designated in red agent and agree to act in this capacity	ı this
-		08/25/2022	
	Required Signature/Registered Agent	Date	-
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted y as provided for in s.817.155, F.S.	'in a
		08/25/2022	
Required Signatu	re/Incorporator	Date Date	—