## tronic 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 **QUINTERO 2 MAINTENANCE AND SERVICES CORP**

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



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

RTICLE II PRI	value of the contract of the c	<del></del>	
	Principal street address		Mailing address, if different is:
3272 NW 72ND AV	VE	<del></del>	
MIAMI, FL 33122		<del></del>	
RTICLE III PURF	POSE		
e purpose for which	the corporation is organized is: ANY A	VD ALL LAWFUL	BUSINESS ACTIVITY
<del></del>			
<del>_</del>			
		<del>-</del>	
<u> </u>			
			AHASSER
TICLE IV SHARI	FC		SE
number of shares of	stock is: 100 SHARES @ \$10.00 EACH		E ST
	· · · · · · · · · · · · · · · · · · ·		PA
TICLE V INITIA	L OFFICERS AND/OR DIRECTORS		ĺΠ
Name and Title	JAMES QUINTERO- P	Name and Title:	CARLOS ALBERTO QUINTERO-
Address	3399 x 1111 max m		3272 NW 72ND AVE
	MIAMI, FL 33122	•	MIAMI, FL 33122
		<del>-</del> .	
		<del></del> .	
Name and Title:_		_ Name and Title:	
Address	<u> </u>		
		14414501	
. •		<del>-</del> .	
-			
		Name and Title.	
Name and Title:			
Name and Title: Address			<del></del>

. . . .

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 2341 NW 7111 ST Address: MIAMI, FL 33125 ARTICIE VII INCORPORATOR The name and address of the Incorporator is: Name: JAMES OUINTERO Address: 32<u>72 NW 72ND AVE</u> MIAMI, FL 33122 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the 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 affi uccept the appointment as registered agent and agree to act in this capacity 02/23/23 Required Signature/Registered Agent 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. Date 02/23/23 Required Siene re/incorporator