

723000051565

Florida Department of State  
Division of Corporations  
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.**

((H23000242552 3)))



H230002425523ABCZ

**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

**\*\*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

RECEIVED

2023 JUL 11 PM 12:08

REGISTRARS  
COMMERCIAL  
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION  
A.S.A. DEFENSE & TACTICAL CORP

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JUL 11 PM 1:14

FILED

**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: A.S.A. DEFENSE & TACTICAL CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1226 DREXEL AVE APT 103MIAMI BEACH, FL 33139**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: ARIEL A. DE LEON COHEN- P

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

Address 1226 DREXEL AVE APT 103

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

MIAMI BEACH, FL 33139

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2023 JUL 11 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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 7TH ST  
MIAMI, FL 33125

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ARIEL A. DE LEON COHEN  
 Address: 1226 DREXEL AVE APT 103  
MIAMI BEACH, FL 33139

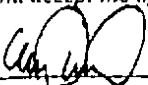
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

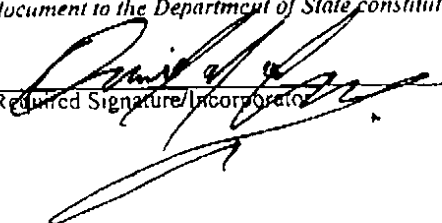
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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

*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/Incorporator

07/11/2023  
 Date  
 SECRETARY OF STATE  
 TALLAHASSEE, FL  
 11:14 AM  
**FILED**