Electronic 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. **

FLORIDA PROFIT/NON PROFIT CORPORATION LUMINOTECH CORP

| Certificate of Status | 1 |
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Corporate Filing Menu

Help

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

| TICLE IV SHARES Inumber of shares of stock is: 100 SHARES @ \$10.00 EACH TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: ANDRES GONZALEZ - P Name and Title: ANDRES GONZALEZ - P Name and MIAMI, FL 33135 Name and Title: Name an | SECRETARA |
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| ARTICLE VI The name and F | REGISTERED AGENT Lorida street address (P.O. Box NOT acceptable) o | of the registered agent is: | |
| Name: | TAP SOLUTIONS INC | _ | |
| Address: | 2341 NW 7TH ST | _ | |
| | MIAMI, FL 33125 | | |
| <u>ARTICLE VII</u> | INCORPORATOR | eco TA | 2023 AUG - I |
| The name and n | ddress of the Incorporator is: | | S |
| Name: | ANDRES GONZALEZ | HASS | |
| Address: | 1428 SW 4TH ST APT 4 | SEE. | |
| | MIAMI, FL 33135 | | |
| Effective date, if (If no effective filing.) Note: If the dat | EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cann e inserted in this block does not meet the applicable effective date on the Department of State's records | le statutory filing requirements, this date w | |
| Haylna heen na | med as registered agent to accept service of process familiar with and accept the appointment as registe | for the above stated corporation at the place ered agent and agree to act in this capacity | |
| | Required Signature/Registered Agent | 08/0 | Date |
| I submit this do document to the | ocument and affirm that the facts stated herein ar Department of State constitutes a third degree felo | e true. I am aware that the false informa | ntion submitted in a |
| . سسيعيد | | 08, | 101/23 |
| Required Signal | ture/Incorporator | Date / | • |