

P23000059077

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.

((H23000278421 3)))



H230002784213ABC

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 : 120210000103
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 AUG 10 PM 3:47

FLORIDA PROFIT/NON PROFIT CORPORATION
G.B.S. REALTY SERVICES CORP

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

ALL MAILING: 10PM

2023 AUG 10 AM 4:39

mc

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:

G.B.S. REALTY SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

740 MICHIGAN AVE APT 7MIAMI 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: EDGAR G. BARON SILVA- P

Name and Title: _____

Address 740 MICHIGAN AVE APT 7

Address: _____

MIAMI BEACH, FL 33139

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2023 AUG 10 AM 4:39
ITALY ST. MIAMI

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe 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 INCORPORATORThe name and address of the Incorporator is:

Name: EDGAR G. BARON SILVA
Address: 740 MICHIGAN AVE APT 7
MIAMI BEACH, FL 33139

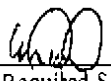
ARTICLE VIII EFFECTIVE DATE:

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.

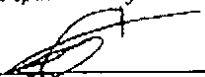
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

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.817.155, F.S.



Required Signature/Incorporator

Date

FALL 2023

2023 AUG 10 AM 4:39