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Florida Department of State
Division of Corporations
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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

S. CHATHAM
SEP 25 2023

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@tapsolutions.net

FLORIDA PROFIT/NON PROFIT CORPORATION
MUNDOPI CORP

Certificate of Status	1
Certified Copy	0
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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:

MUNDOPI CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3272 NW 72ND AVEMIAMI, FL 33122**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: RAMON E. GOMEZ LLOREDA- P

Name and Title: _____

Address 3272 NW 72ND AVE

Address: _____

MIAMI, FL 33122

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: RAMON E. GOMEZ LLOREDAAddress: 3272 NW 72ND AVEMIAMI, FL 33122**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: RAMON E. GOMEZ LLOREDAAddress: 3272 NW 72ND AVEMIAMI, FL 33122**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 Agent09/22/23
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/Incorporator09/22/23
Date