

P23000072689

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 : 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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**JOHAN SERVICES CORP**

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

2023 OCT 10 PM 1:14

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FALL 2023

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

**JOHAN SERVICES CORP****ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1265 W 24TH ST APT 202HIALEAH, FL 33010**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: JOHAN STIVEN GRAJALES PAYAN- P Name and Title: \_\_\_\_\_

Address

1265 W 24TH ST APT 202

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

HIALEAH, FL 33010

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

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

Address

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

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

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

Address

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

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AMT  
10-10-23

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: JOHAN STIVEN GRAJALES PAYAN  
Address: 1265 W 24TH ST APT 202  
HIALEAH, FL 33010

**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

10/10/23  
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/Incorporator

10/10/23  
Date  
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