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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

****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
KRISTY GOLDEN INC

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

2024 FEB 30 AM 10:56

2024 FEB 30 11:13



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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: KRISTY GOLDEN INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1379 NW 28TH AVE

MIAMI, FL 33125

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: YORLIN BARRERA- P Name and Title: _____

Address 1379 NW 28TH AVE Address: _____

MIAMI, FL 33125 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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 INCAddress: 2341 NW 7TH STMIAMI, FL 33125**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: YORLIN BARRERAAddress: 1379 NW 28TH AVEMIAMI, FL 33125**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 Agent03/01/2024
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

03/01/2024