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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
APR - 8 2024

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

2024 APR 8 PM 3:14

FLORIDA PROFIT/NON PROFIT CORPORATION
CHEMADS CORP

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

SECRETARY OF STATE
TALLAHASSEE, FL

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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: CHEMADS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17620 SW 107TH AVE APT 104

MIAMI, FL 33157

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: CHEVENE RENE MORENO, P

Name and Title: _____

Address 17620 SW 107TH AVE APT 104

Address: _____

MIAMI, FL 33157

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

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

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 TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHEVENE RENÉ MORENO
 Address: 17620 SW 107TH AVE APT 104
MIAMI, FL 33157

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 04/06/2024

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 04/06/2024