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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
AMERICA USA HOME CARE INC**

Certificate of Status	1
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Corporate Filing Menu

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STATE
TALLAHASSEE, FL

FILED

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: AMERICA USA HOME CARE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address1907 MONROE ST
HOLLYWOOD, FL 33020

Mailing address, if different is:

ARTICLE III PURPOSEThe 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: JENNIFFER YEPEZ SANZ, P

Name and Title: _____

Address 1907 MONROE ST

Address: _____

HOLLYWOOD, FL 33020

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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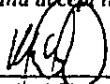
Name and Title: _____ Name and Title: _____

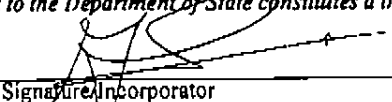
Address _____ Address: _____

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: JENNIFFER YEPEZ SANZAddress: 1907 MONROE STHOLLYWOOD, FL 33020**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 Agent04/17/2024
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.817.135, F.S.*

Required Signature/Incorporator04/17/2024
Date

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SECRETARY OF STATE
TALLAHASSEE, FL