

HH
8-26-24

Florida Department of State
P24000054787

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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
MR BLUE TREATS CORP**

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

RECEIVED

2024 AUG 23 PM 3:45

CORPORATIONS
PROFESSORIAL

24 AUG 23 PM 4:16

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: MR BLUE TREATS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

917 BRICKELL AVENUE

MIAMI, FL 33131

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: URSULA GREMLI MARQUEZ, P

Name and Title: _____

Address 917 BRICKELL AVENUE

Address: _____

MIAMI, FL 33131

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: 2343 NW 7TH STREET
MIAMI, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: URSULA GREMLI MARQUEZ
 Address: 917 BRICKELL AVENUE
MIAMI, FL 33131

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 DEPARTMENT OF REVENUE
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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

08/23/2024
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.

Ursula Gremlí

Required Signature/Incorporator

08/23/2024
Date