

Florida Department of State

P2400059661

Electronic Filing Cover Sheet

9.20.24

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.

(((H24000319387 3)))



H240003193873ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

RECEIVED
2024 SEP 19 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FL

**FLORIDA PROFIT/NON PROFIT CORPORATION
N&S GENERAL CONTRACTING CORP**

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

24 SEP 19 AM 12:17

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: N&S GENERAL CONTRACTING CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2453 NW 35TH STMIAMI, FL 33142**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: BELKIS MARIA NUNEZ MOTA - PName and Title: ELEAZAR SANCHEZ MEJIA-VPAddress 2453 NW 35TH STAddress: 2453 NW 35TH STMIAMI, FL 33142MIAMI, FL 33142

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

24 SEP 19 AM 12:17

FILED
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: BELKIS MARIA NUNEZ MOTAAddress: 2453 NW 35TH STMIAMI, FL 33142**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: BELKIS MARIA NUNEZ MOTAAddress: 2453 NW 35TH STMIAMI, FL 33142**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*Belkis maria nunez

Required Signature/Registered Agent

09/18/24

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.*Belkis maria nunez

Required Signature/Incorporator

09/18/24

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 SEP 19 AM 12:17