Division of Corporations

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

	Address:			
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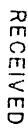
FLORIDA PROFIT/NON PROFIT CORPORATION

Tackline Consultants Inc

Certificate of Status	I
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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 corporat	ion shall be: Tackline Consultan	ts Inc					
ARTICI,E II PRINC	TPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:					
	DSE he corporation is organized is:						
			74 SIP				
· · · · · · · · · · · · · · · · · · ·	ES stock is: 200 LOFFICERS AND/OR DIRECTORS David del Villar Fernandez, PRESIDENT	Name and Tables	30 PH 3: 40				
Address	445 WARREN LANE	Address:					
Name and Title: Address							
Name and Title: Address							

	Page: 4 of 4	2024-09-26 09.01:43 CDT	Lex	itas		From: A
•.•	Name and Title:		Name and Title:			
	Address		Address:			
						<u> </u>
<u>ARTICI</u>	LEVI REGIST	FERED AGENT				
The <u>nan</u> Name:		reet address (P.O. Box NOT acceptable) of vid del Villar Fernandez	he registered agent is:			
Address	. 44	5 WARREN LANE				
, marcis.		/ BISCAYNE, FL 33149-1824				
<u>:ARTICI</u>	LE VII _ INCOR	PORATOR				
The <u>nan</u>	ne and address o	f the Incorporator is:		. 4	2 024	
Name	e: D	avid del Villar Fernandez		, .	SEF	ż
Ade	Iress:	45 WARREN LANE			30	+1
		EY BISCAYNE, FL 33149-1824		Y OF STAT		
<u>ARTICI</u>	LEVIII <u>EFFE</u>	CTIVE DATE:	(CATIONI)		3: LO	
Effective (If an ef filing.)	e date, if other th ffective date is li	an the date of filing:sted, the date must be specific and cannot	be more than five days p) rior or 90 (days after	the
		I in this block does not meet the applicable s date on the Department of State's records.	tatutory filing requirement	s, this date	will not be	listed as
		gistered agent to accept service of process fo with and accept the appointment as registere				ited in this
/S/ D	avid del V	illar Fernandez		9/26	/2024	
		Required Signature/Registered Agent			Date	
		and affirm that the facts stated herein are t tent of State constitutes a third degree felony			ation subn	nitted in a
/S/ D	avid del V	illar Fernandez		9/26	6/2024	

Date

Required Signature/Incorporator