

P240006407

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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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  
 MSU TILE SVCS CORP**

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

2024 OCT 15 AM 10:37  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

2024 OCT 15 AM 9:04  
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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profil)

**ARTICLE I NAME**

The name of the corporation shall be: MSU TILE SVCS CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1700 DELAWARE PKWY APT 2

MIAMI, FL 33125

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ACTIVITY

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: MOISES SALVADOR MALTEZ- P Name and Title: \_\_\_\_\_

Address: 1700 DELAWARE PKWY APT 2 Address: \_\_\_\_\_

MIAMI, FL 33125 \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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Address: \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

71 Address \_\_\_\_\_ Address: \_\_\_\_\_

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MOISES SALVADOR MALTEZ  
Address: 1700 DELAWARE PKWY APT 2  
              MIAMI, FL 33125

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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*

*Alastair*

**Required Signature/Registered Agent**

10/14/2024

*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.*



Date 10/19/2029

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