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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
GEMS SVCS CORP**

Certificate of Status	1
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HH

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:

GEMS SVCS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1774 NW 18TH STMIAMI, FL 33125**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: BERTILDA S. LUNA ANGULO-PName and Title: JHOSELING N. SUAZO CASTILLA-VPAddress: 1774 NW 18TH STAddress: 1838 NW 15TH STMIAMI, FL 33125MIAMI, FL 33125

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

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CORPORATIONS

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name: _____

Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: BERTILDA S. LUNA ANGULOAddress: 1774 NW 18TH ST.MIAMI, FL 33125**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: BERTILDA S. LUNA ANGULOAddress: 1774 NW 18TH ST.MIAMI, FL 33125**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*BsLA
BERTILDA S. LUNA ANGULO (Nov 1, 2024 14:24 EDT)

Required Signature/Registered Agent

11/01/24

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.*BsLA
BERTILDA S. LUNA ANGULO (Nov 1, 2024 15:24 EDT)

Required Signature/Incorporator

11/01/24

Date

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