

P24000068564

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
YIXIAN SVCS CORP

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

RECEIVED

2024 NOV -6 PM 4:39

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2024 NOV -6 AM 11:30

FILED

T.J.H

11/7/24

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: YIXIAN SVCS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address10439 ROSEMOUNT DRTAMPA, FL 33624

Mailing address, if different is:

10439 ROSEMOUNT DRTAMPA, FL 33624**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: YIXIAN MBSTRE CASTRO, PAddress 10439 ROSEMOUNT DRTAMPA, FL 33624

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
The name Address _____ Address: _____
Name: _____

ARTICLE VI REGISTERED AGENT

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

Name: YIXIAN MESTRE CASTRO
Address: 10439 ROSEMOUNT DR
TAMPA, FL 33624

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YIXIAN MESTRE CASTRO
Address: 10439 ROSEMOUNT DR
TAMPA, FL 33624

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

Signature Required Signature/Registered Agent Date 11/06/24

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.

Signature Required Signature/Incorporator Date 11/06/24

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TALLAHASSEE, FLORIDA

ARTICLE
The name

INC REGISTRATION FORM

Doc:
Final Audit Report

2024-11-06

Created: 2024-11-06
By: YUVANIA GUARDIOLA (info@tapsolution.net)
Status: Signed
Transaction ID: CBJCHBCAABAA/Gw5otUyaetWCG1AvpRK4MJC8babH7lm

"INC REGISTRATION FORM" History

- Document created by YUVANIA GUARDIOLA (info@tapsolution.net)
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- Document emailed to Yixian Mestre Castro (ymestrecaastro@gmail.com) for signature
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2024-11-06 - 3:47:23 PM GMT
- Document e-signed by Yixian Mestre Castro (ymestrecaastro@gmail.com)
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