

P22 00003425  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*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  
MARIACEL INC

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

2021 JAN 14 AM 9:47

**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: MARIACEL INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5700 COLLINS AVE APT 6L  
MIAMI BEACH, FL 33140

Mailing address, if different is:  
5700 COLLINS AVE APT 6L  
MIAMI BEACH, FL 33140

**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: MARIA JESUS CELUME ZUNIGA- PRESIDENT Name and Title: \_\_\_\_\_

Address 5700 COLLINS AVE APT 6L Address: \_\_\_\_\_  
MIAMI BEACH, FL 33140 \_\_\_\_\_

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

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

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

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

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: TAP SOLUTIONS INC  
 Address: 2341 NW 7TH ST  
MIAMI, FL 33125

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TALLAHASSEE, FLORIDA

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIA JESUS CELUME ZUNIGA  
 Address: 5700 COLLINS AVE APT 61  
MIAMI BEACH, FL 33140

**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*

\_\_\_\_\_  
 Required Signature/Registered Agent 01/13/2022  
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.*

\_\_\_\_\_  
 Required Signature/Incorporator 01/13/2022  
Date