

Florida Department of State
 Division of Corporations
P22000087159
 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

2022 11 21 PM 12:21

**FLORIDA PROFIT/NON PROFIT CORPORATION
 URNS SOLUTIONS CORP**

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

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: URNS SOLUTIONS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11884 SW 152ND CT
MIAMI, FL 33196

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: MATEO I.FONEL URBANI- PST

Name and Title: ROCCO NACCARATA- VP

Address 25 NE. 5TH ST. APT 2206

Address: 11884 SW 152ND CT

MIAMI, FL 33132

MIAMI, FL 33196

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

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

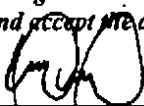
Name: MATEO LEONEL URBANI
 Address: 25 NE 5TH ST APT 2206
MIAMI, FL 33132

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.)

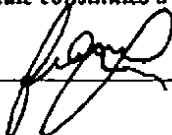
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11/21/2022
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 11/21/2022
Date