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Division of Corporations

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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 : 120210000103 : (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.

FLORIDA PROFIT/NON PROFIT CORPORATIO BJ GLOBALS INC

| 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)

| CLE II PRINCI | IPAL OFFICE | | |
|--|---|--|-------------------------------|
| | Principal street address | Maili | ing address, if different is: |
| 56: SW 144 CT | | | |
| AMI, FL 33177 | | | |
| ICLE III PURPO | <u>SE</u> | | |
| purpose for which th | e corporation is organized is: ANY AN | D ALL LAWFUL BUST | NESS ACTIVITY |
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| TICLE IV SHARE | <u>S</u> took is: 100 SHARES @ \$10.00 EACH | | |
| TICLE IV SHARE number of shares of s | S tock is: 100 SHARES @ \$10.00 EACH | | |
| number of shares of s | S tock is: 100 SHARES @ \$10.00 EACH LOFFICERS AND/OR DIRECTORS | | |
| number of shares of s | tock is: 100 SHARES @ \$10.00 EACH | P_ Name and Title: | |
| number of shares of s | Hock is: 100 SHARES @ \$10.00 EACH LOFFICERS AND/OR DIRECTORS | | ·- |
| number of shares | LOFFICERS AND/OR DIRECTORS ELIZABETH HERNANDEZ MOSQUEDA- 15561 SW 144 CT | Address: | |
| number of shares | Hock is: 100 SHARES @ \$10.00 EACH LOFFICERS AND/OR DIRECTORS ELIZABETH HERNANDEZ MOSQUEDA- | Address: | |
| number of shares | LOFFICERS AND/OR DIRECTORS ELIZABETH HERNANDEZ MOSQUEDA- 15561 SW 144 CT | Address: | |
| number of shares | LOFFICERS AND/OR DIRECTORS ELIZABETH HERNANDEZ MOSQUEDA- 15561 SW 144 CT | Address: | 23 |
| number of shares | LOFFICERS AND/OR DIRECTORS ELIZABETH HERNANDEZ MOSQUEDA- 15561 SW 144 CT MIAMI, FL 33177 | Address:Name and Title: | 23 MAR 1 |
| number of shares of shares of shares of share and Title: Address Name and Title: | LOFFICERS AND/OR DIRECTORS ELIZABETH HERNANDEZ MOSQUEDA- 15561 SW 144 CT MIAMI, FL 33177 | Address: Name and Title: | 23 MAR 15 |
| number of shares of shares of shares of share and Title: Address Name and Title: | LOFFICERS AND/OR DIRECTORS ELIZABETH HERNANDEZ MOSQUEDA- 15561 SW 144 CT MIAMI, FL 33177 | Address: Name and Title: | 23 MAR 1 |
| number of shares of shares of shares of share and Title: Address Name and Title: | LOFFICERS AND/OR DIRECTORS ELIZABETH HERNANDEZ MOSQUEDA- 15561 SW 144 CT MIAMI, FL 33177 | Address: Name and Title: | 23 MAR 15 PM |
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| Name and Title: Address Name and Title: Address | LOFFICERS AND/OR DIRECTORS ELIZABETH HERNANDEZ MOSQUEDA- 15561 SW 144 CT MIAMI, FL 33177 | Address: Name and Title: Address: Name and Title: | 23 MAR 15 PH 12: 3: |
| Name and Title: Name and Title: Address Name and Title: | LOFFICERS AND/OR DIRECTORS ELIZABETH HERNANDEZ MOSQUEDA- 15561 SW 144 CT MIAMI, FL 33177 | Address: Name and Title: Address: Name and Title: | 23 MAR 15 PH 12: 3: |

| Name an | d Title: | Name and Title: |
|--|---|---|
| Address | | Address: |
| | | |
| | REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o | The registered agent is: |
| Name: | ELIZABETH HERNANDEZ MOSQUEDA | _ |
| Address: | 15561 SW 144 CT | _ |
| | MIAMI, FL 33177 | <u>,</u> |
| ARTICLE VII | INCORPORATOR | |
| The name and ac | idress of the Incorporator is: | |
| Name: | CLIZABETH HERNANDEZ MOSQUEDA | - |
| Address: | 15561 SW 144 CT | _ |
| | M!AMI, FL 33177 | - |
| Effective date, if (If an effective difling.) Note: If the date | inserted in this block does not meet the applicable | . (OPTIONAL) It be more than five days prior or 90 days after the Istalutory filing requirements, this date will not be listed as |
| the document's c | feetive date on the Department of State's records. | |
| Having been nam certificate, I am f | ned as registered agent to accept service of process framiliar with and accept the appointment as register Required Signature/Registered Agent | or the above stated corporation at the ace designated in this ed agent and agree to act in this edity. |
| I submit this doc | rument and affirm that the facts stated herein are Department of State constitutes a third degree felon | true. I am aware that the fulse information submitted in a y as provided for in s. 817.155. |
| Eli | essuff- | <u> </u> |
| Required Signatu | re/ncorporator/ | Date |