

P25000004536

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 : 120210000103
Phone : (786)615-3057
Fax Number : (786)615-3058

2025 JAN 27 AM 11:38

RECEIVED

****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
ARRIETA MULTISERVICES CORP

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

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FILED

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: ARRIETA MULTISERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10439 ROSEMOUNT DR
TAMPA, 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: REINALDO ARRIETA- P
Address 10439 ROSEMOUNT DR
TAMPA, 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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CLERK OF DISTRICT COURT
OF FLORIDA
TAMPA

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: REINALDO ARRIETA
Address: 10439 ROSEMOUNT DR
TAMPA, FL 33624

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: REINALDO ARRIETA
Address: 10439 ROSEMOUNT DR
TAMPA, FL 33624

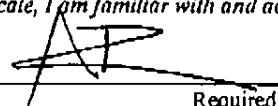
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature/Registered Agent

01/22/25
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

01/22/25
Date