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Florida Department of State
Division of Corporations
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TALLAHASSEE FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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16 AUG 10 PM 4:39
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FLORIDA PROFIT/NON PROFIT CORPORATION
LOGIO INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

44 8/11/16

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

ARTICLE I NAME LOGIO INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address: 650 N.W. 43RD AVENUE
MIAMI, FL. 33126
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
RENTAL APARTMENTS.

16 AUG 10 PM 12:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES 100 SHARES AT \$1.00 EACH
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	EMILIO B. ALVAREZ, DIRECTOR	Name and Title:	_____
Address:	650 N.W. 43RD AVENUE MIAMI, FL. 33126	Address:	_____ _____ _____
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: EMILIO B. ALVAREZ
 Address: 650 N.W. 43RD AVENUE
MIAMI, FL. 33126

16 AUG 10 PM 12:16
 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EMILIO B ALVAREZ
 Address: 650 N.W 43RD AVENUE
MIAMI, FL. 33126

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/11/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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 8/10/2016

 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 8/10/2016

 Date