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**Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MERCURY FINANCIAL, INC.**

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

17 MAR 29 PM 4:54
RECEIVED
CORPORATION SERVICES

17 MAR 29 AM 8:45

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: MERCURY FINANCIAL, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 739 Washington Avenue, Suite 900097
Homestead, Florida 33090
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE IV SHARES
The number of shares of stock is: 100 Shares \$1.00 Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Luis Mejias / President / Director</u>	Name and Title:	<u>Carlos Morales / Vice Pres / Secretary</u>
Address	<u>739 Washington Avenue</u> <u>Suite 900097</u> <u>Homestead, Florida 33090</u>	Address:	<u>739 Washington Avenue</u> <u>Suite 900097</u> <u>Homestead, Florida 33090</u>
Name and Title:	<u>Jason Sheehan / Director</u>	Name and Title:	_____
Address	<u>739 Washington Avenue</u> <u>Suite 900097</u> <u>Homestead, Florida 33090</u>	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: Carlos Armando Morales
 Address: 14201 Cyber Place
Tampa, Florida 33613

17 MAR 29 AM 8:45
 SECY DIVISION
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carlos Armando Morales
 Address: 739 Washington Avenue, Suite 900097
Homestead, Florida 33090

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

Carlos Morales Required Signature/Registered Agent 03/29/17 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.

Carlos Morales Required Signature/Incorporator 03/29/17 Date