

P20000072726  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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  
CANCIO VEGA M.D., P.A.

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

2020 SEP 17 AM 10:31

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**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: CANCIO VEGA M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
14420 SW 22 ST  
MIAMI, FL 33175

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: DOCTOR PROFESSIONAL ASSOCIATION

**ARTICLE IV SHARES**

The number of shares of stock is: 100 Shares at \$1.00 par Value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CARIDAD CANCIO VEGA, P.S.T

Address 14420 SW 22 ST

MIAMI, FL 33175

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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SEE FL

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: CARIDAD CANCIO VEGA  
 Address: 14420 SW 22 ST  
MIAMI, FL 33175

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CARIDAD CANCIO VEGA  
 Address: 14420 SW 22 ST  
MIAMI, FL 33175

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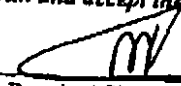
**ARTICLE VIII EFFECTIVE DATE:**

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

9-16-2020  
 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.817.255, F.S.*

  
 \_\_\_\_\_  
 Required Signature/Incorporator

9-16-2020  
 Date