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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

GEN ENGINEERING CORPORATION

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

ICLE I NA name of the corp ICLE II PR	<u>INCIPAL OFFICE</u>		
	Principal street address	Mailing address, if different is:	
NW 43RD AV MI, FL. 33126			
-1MI, FL. 33120	-3400		
ICLE IU PU	<u>RPOSE</u>		
	ch the corporation is organized is:		
ORT & EXPU	RT EQUIPMENTS & MACHINERY FO	R THE INDUSTRY.	
			
			
<u> </u>			
ICLEIV SH.	1RES 100 AT \$1.00 EA		
ICLE IV SH,	<u>4RES</u> of stock is:		
ICLE V INI	TIAL OFFICERS AND/OR DIRECTORS	I	
ICLE V INI	TIAL OFFICERS AND/OR DIRECTORS Title: EUGEN TESKE, DIRECTOR		
ICLE V INI	TIAL OFFICERS AND/OR DIRECTORS Title: EUGEN TESKE, DIRECTOR 650 NW 43RD AVENUE	I	
Name and T	TIAL OFFICERS AND/OR DIRECTORS Title: 650 NW 43RD AVENUE	Name and Title:	
Name and T	TIAL OFFICERS AND/OR DIRECTORS Title: EUGEN TESKE, DIRECTOR 650 NW 43RD AVENUE	Name and Title:	
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Sitle: EUGEN TESKE, DIRECTOR 650 NW 43RD AVENUE MIAMI, FL.33126-5406	Name and Title:	
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: EUGEN TESKE, DIRECTOR 650 NW 43RD AVENUE	Name and Title:	Žo.
Name and T Address Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Sitle: EUGEN TESKE, DIRECTOR 650 NW 43RD AVENUE MIAMI, FL.33126-5406	Name and Title: Address: Name and Title:	
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Sitle: EUGEN TESKE, DIRECTOR 650 NW 43RD AVENUE MIAMI, FL.33126-5406 LUIS JIMENEZ, DIRECTOR 650 NW 43RD AVENUE	Name and Title:Address:	Žo.
Name and T Address Name and Ti	TIAL OFFICERS AND/OR DIRECTORS GEORGE TESKE, DIRECTOR GEORGE TESKE, DIRECTOR	Name and Title: Address: Name and Title:	SECRE (SALLAHAS
Name and T Address Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Sitle: EUGEN TESKE, DIRECTOR 650 NW 43RD AVENUE MIAMI, FL.33126-5406 LUIS JIMENEZ, DIRECTOR 650 NW 43RD AVENUE	Name and Title: Address: Name and Title:	SECRETARY TALLIAHASSE
Name and T Address Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Sitle: EUGEN TESKE, DIRECTOR 650 NW 43RD AVENUE MIAMI, FL.33126-5406 LUIS JIMENEZ, DIRECTOR 650 NW 43RD AVENUE	Name and Title: Address: Name and Title:	SECRETARY OF TALLAHASSER, F
Name and T Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTOR Sitle: EUGEN TESKE, DIRECTOR 650 NW 43RD AVENUE MIAMI, FL.33126-5406 LUIS JIMENEZ, DIRECTOR 650 NW 43RD AVENUE MIAMI, FL. 33126-5406	Name and Title: Address: Name and Title: Address:	SECRETARY OF S
Name and T Address Name and Ti	TIAL OFFICERS AND/OR DIRECTOR Sitle: EUGEN TESKE, DIRECTOR 650 NW 43RD AVENUE MIAMI, FL.33126-5406 LUIS JIMENEZ, DIRECTOR 650 NW 43RD AVENUE MIAMI, FL. 33126-5406	Name and Title: Address: Name and Title: Address: Name and Title:	SECRETERY IF

Name ar	nd Title:	Name and Title:	·
Address	3	Address:	
ARTICLE VI	<u>REGISTERED AGENT</u> <u>lorida street address</u> (P.O, Box NOT accoptable) o	f the registered agent is:	
Name:	EMILIO B. ALVAREZ	<u>-</u>	
Address:	650 NW 43RD AVENUE	_	
	MIAMI, FL. 33126-5406	-	
ARTICLE VII	INCORPORATOR		
The name and a	diress of the Incorporator is:		
Name:	EMILIO B. ALVAREZ	•	•
Address:	650 NW 43RD AVENUE	_	
	MIAMI, FL. 33126-5406	- -	TAL TAL
Effective date, if	EFFECTIVE DATE: Other than the date of filing. Late is listed, the date must be specific and canno ling.)	(OPIXONAL)	E 1 4
Note: If the date	inserted in this block does not meet the applicable floctive date on the Department of State's records.	statutory filling requirements, i	this date will rice boillated as
Having been nam this certificate, I	ned as regisfered agent to ascept service of process am familiar with and accept the approximent as reg	for the above stated corporal istered agent and agree to act	ion at the place designated in in this capacity 8/20/2015
	Required Signature/Registered Agent		Date
I submit this doc	amens and offirm that the facts stated herein are	true. I am aware that the fals	
document to the l	Department of State constitutes a thriaftegree felon,	y as provided for in 3.817.155,	F.S. 8/20/2015
Required Signature incorporator			Date

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