

8/7/2020

Division of Corporations

P2 0000060309
Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
BUSINESS SERVICES

To: Division of Corporations
Fax Number : (850)617-6381

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
WHO ON, INC.**

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

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DIVISION OF STATE
TREASURER, FL

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Corporate Filing Menu

Help

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:

WHO ON, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address:

8301 SW 157 Avenue, Apt. 204
Miami, FL 33093

Mailing address, if different:

8301 SW 157 Avenue, Apt. 204
Miami, FL 33093

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares authorized, 100 shares issued and outstanding

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Celia Maria Lopez - President, Treasurer

Address: 8301 SW 157 Avenue, Apt. 204
Miami, FL 33093

Name and Title:

Address:

Name and Title:

Address:

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agents is:

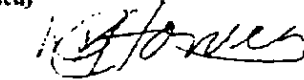
Name: Celia Maria Lopez
Address: 8301 SW 157 Avenue, Apt. 204
Miami, FL 33093

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Celia Maria Lopez
Address: 8301 SW 157 Avenue, Apt. 204
Miami, FL 33093

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



Signature/Registered Agent

08/06/2020

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.817.155, F.S.



Signature/Incorporator

08/06/2020

Date

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TALLAHASSEE, FL