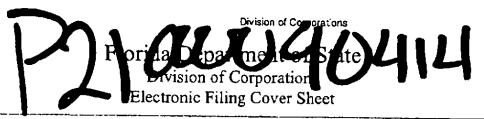
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To:	;
Division of Corporations	<u></u>
Fax Number : (850)617-6381	
. (030)017-0301	φ:
From:	
	[파 _년
Account Name : FASTKIT CORP	*1
Account Number : I2010000009	201 201 201
Phone : (305)599-0839	
Fax Number : (305)592-9591	;·· I
. (303)332-3331	٠ ﴿

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FLORIDA PROFIT/NON PROFIT CORPORATION FIONO GROUP IMPORTS & EXPORTS INC

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Corporate Filing Menu

M MOON Help

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

TICLE II PR	RINCIPAL OFFICE Principal street address	Mailing ad	dress, if different is:	
347 SW 108TH WAY	1	1647 SW 108TH WAY		
AVIE, FL 3332	24	DAVIE, FL 3332		
RTICLE III PU be purpose for whi	IRPOSE ich the corporation is organized is: AUT	O TRADE IMPORTS AND E	XPORTS	
TICLE IV SH	ARES 100 SHARES			
TICLE V INI	TIAL OFFICERS AND/OR DIRECTOR	_		
number of shares	TIAL OFFICERS AND/OR DIRECTOR	Name and Title:		
TICLE V INI Name and T	TIAL OFFICERS AND/OR DIRECTOR	_	11.	
TICLE V INI Name and T	TIAL OFFICERS AND/OR DIRECTOR Title: CAMILO F. MARTINEZ 1647 SW 108TH WAY	Name and Title:	(#21 OC)	
TICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTOR Title: CAMILO F. MARTINEZ 1647 SW 108TH WAY DAVIE, FL 33324 PRESIDENT	Name and Title:Address:	3 \$5 44 11.	
TICLE V INT Name and T Address Name and Ti	TIAL OFFICERS AND/OR DIRECTOR Fitle: CAMILO F. MARTINEZ 1647 SW 108TH WAY DAVIE, FL 33324 PRESIDENT	Name and Title: Address: Name and Title:	. 11 244 25 E. J. H.	
TICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTOR Title: CAMILO F. MARTINEZ 1647 SW 108TH WAY DAVIE, FL 33324 PRESIDENT	Name and Title: Address: Name and Title:	3 \$5 44 11.	
TICLE V INT Name and T Address Name and Ti	TIAL OFFICERS AND/OR DIRECTOR Fitle: CAMILO F. MARTINEZ 1647 SW 108TH WAY DAVIE, FL 33324 PRESIDENT	Name and Title: Address: Name and Title:		
Name and Ti Address	TIAL OFFICERS AND/OR DIRECTOR Fitle: CAMILO F. MARTINEZ 1647 SW 108TH WAY DAVIE, FL 33324 PRESIDENT	Name and Title: Address: Name and Title: Address:	(11 AH) SS E (17 AH)	

Name a	nd Title:	Name and Title:	
Addres		Address:	
ARTICLE VI The name and F	REGISTERED AGENT Rorids street address (P.O. Box NOT acceptab	ale) of the registered agent is:	
Name:	CAMILO F. MARTINEZ		
Address:	1647 SW 108TH WAY		-
	DAVIE, FL 33324		2021
ARTICLE VII	<u>INCORPORATOR</u>		2021 OCT 18 PP
The name and a	ddress of the Incorporator is:		<u> </u>
Name:	CAMILO F. MARTINEZ		PH 12:
Address:	1647 SW 108TH WAY		# 12: 22
	DAVIE, FL 33324	- 	, N
Effective date, if (If an effective of filing.) Note: If the date	other than the date of filing: OCTOBER 1 date is listed, the date must be specific and consistency in this block does not meet the applications.	annot be more than five days pr	rior or 90 days after the
Having been nam	ffective date on the Department of State's reco ned as registered agent to accept service of proc- familiar with and accept the appointment as reg	eds.	n at the place decimated in this
	Required Signature/Registered Agent		10/18/2021
I submit frisidoc document to the I	unent and affirm that the facts stated herein Department of State constitutes a third degree for	are true. I am aware that the fai clony as provided for in s.817.155,	Date ise information submitted in a . F.S.
	l pr		10/18/2021
Required Signatu	ne/incorporator	<u></u>	