

10/18/21, 3:49 PM

P2100040414
 Division of Corporations
 Florida Department of State
 Division of Corporation
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000388064 3)))



H210003880643ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

2021 OCT 18 PM 12:22
 7/11/2021 10:41:01 AM

****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
 FIONO GROUP IMPORTS & EXPORTS INC**

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

10:41:01 AM
 2021 OCT 18

Electronic Filing Menu

Corporate Filing Menu

M MOON
 Help
 OCT 18 2021

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

ARTICLE I NAMEThe name of the corporation shall be: FIONO GROUP IMPORTS & EXPORTS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1647 SW 108TH WAY1647 SW 108TH WAYDAVIE, FL 33324DAVIE, FL 33324**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: AUTO TRADE IMPORTS AND EXPORTS**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CAMILO F. MARTINEZ

Name and Title: _____

Address 1647 SW 108TH WAY

Address: _____

DAVIE, FL 33324PRESIDENT

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 OCT 18 PM 12:22
FILED
CLERK OF DISTRICT COURT
DAVIE, FLORIDA

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: CAMILO F. MARTINEZ
 Address: 1647 SW 108TH WAY
DAVIE, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAMILO F. MARTINEZ
 Address: 1647 SW 108TH WAY
DAVIE, FL 33324

2021 OCT 18 PM 12:22
 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: OCTOBER 18, 2021 (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 10/18/2021
 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.

 Required Signature/Incorporator 10/18/2021
 Date