# Florida Department of State

Division of Corporations **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.

(((H11000200864 3)))



H110002008643ABCW

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:

Email Address:

Account Name : FASTKIT CORP Account Number : I20100000009

: (305)599-0839

Fax Number

Phone

: (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.\*\*

Title of the state of	(ii)			
FLORIDA	PROFIT/NON	PROFIT CO	DRPORATIO	ON

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

MANUEL MORERA REPAIR AND SERVICES CORP.

Electronic Filing Menu

Corporate Filing Menu

Help

TI AUG TO AH 10: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE OF INCORPORATION

QF

#### MANUEL MORERA REPAIR AND SERVICES CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: MANUEL MORERA REPAIR AND SERVICES CORP.

The principal place of business of this corporation shall be:
6231 Olde Most Way
Davie,F1.3333!

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:  $100 \times 10.00 \cdot 1,000.00$ 

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

MANUEL MORERA

DIRECTOR

6231 01de Moat Way Davie,Fl. 33331

#### ARTICLE VI INCORPORATOR (S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

MANUEL MORERA

PRESIDENT ( 100 shares )

6231 Olde Moat Way Davie,Fl. 33331

The undersigned has (have) executed these Article of Incorporation this 10 th. day of August \_\_\_\_\_\_\_, 20 11

Signature/Title

Signature/Title

Signature/Title

APPRINCE. AND FILED

TI AUS 10 AH 10: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized

under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.
1. The name of the corporation is:
MANUEL MORERA REPAIR AND SERVICES CORP.
<ol> <li>The name and address of the registered agent and office</li> <li>is MANUEL MORERA</li> </ol>
(Name)
6231 Olde Moat Way  (P. O. BOX NOT ACCEPTABLE)
DAVIE, FLORIDA 33331
(CITY/STATE/ZIP)
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
DATE 8-10-11

• ,