

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
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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
MELICAM SERVICES, INC.

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JAN -4 AM 11:32

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

ARTICLE I NAME MELICAM SERVICES, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
230 Mendoza Avenue, #11
Coral Gables, FL 33134

Mailing address, if different is:
4206 Laguna Street
Coral Gables, FL 33146

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 @ \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miguel Angel Portela, President	Name and Title: _____
Address: 230 Mendoza Avenue, #11	Address: _____
Coral Gables, FL 33134	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

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: Enrique Viciano
Address: 4206 Laguna Street
Coral Gables, FL 33146

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Miguel Angel Portela
Address: 230 Mendoza Avenue, #11
Coral Gables, FL 33134

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

Enrique Viciano

Required Signature/Registered Agent

1/3/2012

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.

Miguel Angel Portela

Required Signature/Incorporator

1/3/2012

Date