

Jul 30 12:05:58p

Fastkit Corp.

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
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
GATE REPAIRS & MAINTENANCE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

07/31/12

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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

12 JUL 30 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME **GATE REPAIRS & MAINTENANCE, INC.**
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
11013 S.W. 242 STREET
HOMESTEAD, FL 33132

Mailing address, if different is:

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**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HILLOLEXHSY LAZO, PRESIDENT
Address: 11013 S.W. 242 STREET
HOMESTEAD, FL 33132

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: HILLOLEXHSY LAZO
Address: 11013 S.W. 242 STREET
HOMESTEAD, FL 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HILLOLEXHSY LAZO
Address: 11013 S.W. 242 STREET
HOMESTEAD, FL 33132

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]

Required Signature/Registered Agent

7/28/12

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]

Required Signature/Incorporator

7/28/12

Date