## 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.

(((H130000733273)))



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 : I20100000003 : (305)599-0839

Fax Number : (305)592-9591

\*\*Enter the email address for this business entity to be used for future

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION **CHEVRON 369 INC**

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

Electronic Filing Menu

Corporate Filing Menu

p.2

FILER

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

ILED		
13 APR -1	AH In: 52	
SECNETARY TALLAHASSEL	OF STATE	
301,1	- FLORIDA	
<del></del>		

ARTICLE I NAME The name of the corporation shall be: CHEVRON 389 INC					
ARTICLE H PRINCI Principal gi	PAL OFFICE Incel address		Mailing address, if different is		
B219 WEST FLAGLER	STREET				
MIAMI, FL 33144					
The purpose for which:	2SE the corporation is organized is:	To transact any ar	and all business permitted under the laws of		
the United States of America and the laws of the State of Florida					
ARTICLE IV SHARE The number of shares					
	OFFICERS AND/OR DIRECTOR	RS	-		
	ANDRES MOR	<del></del>	me and Title:		
Address:	10785 SW 108 AVE #303	Addr	ress.		
	MiAMI, FL 33176				
Name and Title:		Nam	me and Title:		
Address:		Addre			
			***************************************		
Name and Title:		Name	ne and Title:		
Addr <del>e</del> ss;	<del></del>	Addr	iress:		
			<u>·                                      </u>		

FILED

13 APR - I AM 10: 52

SECRETARY OF STATE
TALLAHASSLE, FLORIDA

Name	and Title:	Name and Title:
Addres	s	Address:
•	REGISTERED AGENT	
ine <u>name and</u>	I Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	ANDRES MOR	<u></u>
Address:	10785 SW 108 AVE #303	
	MIAMI, FL 33176	
ARTICLE VII	INCORPORATOR	
The name and	address of the Incorporator is:	
Name:	ANDRES MOR	
Address:	10785 SW 108 AVENUE #303	
	MIAMI, FL 33176	
	amed as registered agent to accept service of procests, I am familiar with and accept the appointment as	ss for the above stated corporation at the place designated registered agent and agree to act in this capacity  3/29/; 3
	Required Signature/Registered Agent	Date Date
l submit this de document to th		rue. I am swere that the false information submitted in a carry as provided for in s.817.155, F.S.
	Required Signature/Incorporator	3/29/13
	verting endirenting bossion	나레리