

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
ACONDESA TRADING, INC.

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

Electronic Filing Menu Corporate Filing Menu

RECEIVED MAY 31 2013
Help

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

ARTICLE I NAME
The name of the corporation shall be: ACONDESA TRADING, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

9296 SW 27TH AVE

OCALA, FL. 34476

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY AND ALL LEGAL BUSINESS ACTIVITIES

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID CHAR - PRESIDENT

Name and Title: _____

Address: 3296 SW 27TH AVE
OCALA, FL. 34476

Address: _____

Name and Title: MARIA V RENGIFO - SEC

Name and Title: _____

Address: 8377 SW 56TH TERR
OCALA, FL 34476

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(omit)

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: DAVID CHAR
Address: 9296 SW 27TH AVE
OCALA, FL. 34476

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID CHAR
Address: 9296 SW 27TH AVE
OCALA, FL. 34476

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

5-30-13
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

5-30-13
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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