

# P13000067207

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H13000179716 3)))



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To:

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

From:

Account Name : FASTKIT CORP  
Account Number : 120100000009  
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Fax Number : (305) 592-9591

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TALLAHASSEE, FLORIDA

**\*\*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

SunLatin Corp

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

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MRS 8/15/13

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Corporate Filing Menu

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August 14, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FASTKIT CORP

SUBJECT: SUNLATIN CORP  
REF: W13000045370

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The "Registered Agent" name must be listed as filed in our records.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H13000179716  
Letter Number: 313A00019432

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

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ARTICLE I NAME

The name of the corporation shall be: SunLatin Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

815 Ortega Ave

Coral Gables, Fl 33134

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All & Any lawful business in the State of Florida.

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alberto Elias- President

Address: 815 Ortega Ave  
Coral Gables, Fl 33134

Name and Title: Ela Elias- VP

Address: 815 Ortega Ave  
Coral Gables, Fl 33134

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Brito & Brito Accounting INC.  
Address: 407 Lincoln Rd Ste 9a  
Miami Beach, FL 33139

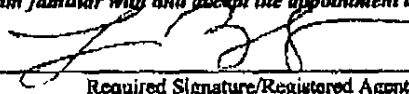
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alberto Elias  
Address: 815 Ortega Ave  
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

X



Required Signature/Registered Agent

8/13/2013

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.

X 

Required Signature/Incorporator

8/13/2013

Date