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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.

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14 MAY -5 PM 4: 04

STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

Pedro Velasco PA

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY -5 AM 8: 58

FILED

05/06/14

FILED
14 MAY -5 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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

ARTICLE I NAME
The name of the corporation shall be: Pedro Velasco PA

ARTICLE II PRINCIPAL OFFICE
Principal street address
4066 SW 97th Avenue
Miami, FL 33165

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Real Estate

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Pedro Velasco, President</u>	Name and Title:	_____
Address	<u>4066 SW 97th Ave</u>	Address:	_____
	<u>Miami, FL 33165</u>		_____
	_____		_____

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

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

(cont.)

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: Pedro Velasco
Address: 4066 SW 97th Ave
Miami, FL 33165

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ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Pedro Velasco
Address: 4066 SW 97th Ave
Miami, FL 33165

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

5/5/14
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.817.153, F.S.

[Signature]
Required Signature/Incorporator

5/5/14
Date