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# Florida Department of State
## Division of Corporations
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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**
**ART DECO SUPERMARKET 2014 INC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
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TALLAHASSEE, FLORIDA

OCT 17 2014

T. SCOTT

**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: ART DECO SUPERMARKET 2014 INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2221 N.E. 201 STREET
MIAMI FL 33180

Mailing address, if different is:

2221 N.W. 201 St.
MIAMI FL 33180

**ARTICLE III PURPOSE**
The purpose for which the corporation is organized is: RETAIL SALES - SUPERMARKET

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**ARTICLE IV SHARES**
The number of shares of stock is: 1000 — $1.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: NEOVES RODRIGUEZ - PST
Address: 2221 N.E. 201 STREET
MIAMI FL 33180

Name and Title: WANDA RODRIGUEZ - V-PST
Address: 2221 N.E. 201 STREET
MIAMI FL 33180

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: CABANAS & ASSOCIATES P.A.

Address: 10520 N.W. 26th Street Ste. C-201

Doral - FL 33172

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CABANAS & ASSOCIATES P.A.

Address: 10520 N.W. 26th Street Ste. C-201

Doral - FL 33176

*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*

_____ 10-16-14

Required Signature/Registered Agent 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.*

_____ 10-16-14

Required Signature/Incorporator Date

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