

P15000020321

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
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: _____

RECEIVED
15 MAR -3 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
MAZORRA CORP**

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

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DIVISION OF CORPORATIONS

03/04/15

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: MAZORRA CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address

245 VISCAYA AVE.
CORAL GABLES, FL. 33134

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: PET FOOD

ARTICLE IV SHARES
The number of shares of stock is: 100 AT \$1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RUBEN NASIO PRESIDENT

Address: 245 VISCAYA AVE.
CORAL GABLES, FL. 33134

Name and Title: _____

Address: _____

Name and Title: RUBEN NASIO TREASURER

Address: 245 VISCAYA AVE.
CORAL GABLES, FL. 33134

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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(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:

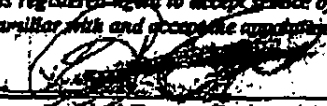
Name: RUBEN NASIO
Address: 245 VISCAYA AVE.
CORAL GABLES, FL. 33134

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: RUBEN NASIO
Address: 245 VISCAYA AVE.
CORAL GABLES, FL. 33134

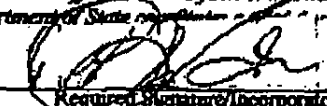
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

March 3rd. 2015
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 felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

March 3rd, 2015
Date

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