

# P/5000030740

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:** \_\_\_\_\_

RECEIVED  
15 APR -3 PM 4:57

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Tiki One Consulting Inc**

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

*✓ 04/06/15*

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 APR -3 PM 12:05

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: Tiki One Consulting Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9700 Harrel Avenue Unit 3  
Treasure Island, FL 33706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eric Meserve, Pres

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

Address: 9700 Harrel Ave #3  
Treasure Island, FL 33706

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

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

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

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

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

15 APR -3 PM 12:05

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

(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: Eric Meserve  
Address: 9700 Harrel Ave #3  
Treasure Island, Fl 33706

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eric Meserve  
Address: 9700 Harrel Ave #3  
Treasure Island, Fl 33706

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 Eric S. Meserve  
Required Signature/Registered Agent

X 4/3/15  
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 Eric S. Meserve  
Required Signature/Incorporator

X 4/3/15  
Date

15 APR - 3 PM 12:05

SECRET  
DIVISION