

P150000676LS

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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((H15000168120 3)))



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To:

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

From:

Account Name : FASTKIT CORP
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**FLORIDA PROFIT/NON PROFIT CORPORATION
 CORAZON PELUDO INC.**

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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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15 JUL 10 AM 6:12



July 10, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: CORAZON PELUDO INC.
REF: W15000046416

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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H15000168120
Letter Number: 515A00014421

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

ARTICLE I NAME CORAZON PELUDO INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____
650 NW 43RD AVENUE _____
MIAMI, FL. 33126-5406 _____
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____
RENTAL APARTMENTS _____

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:	BENATO ADAMO PRESIDENT	Name and Title:	15 JUL 0 44 8 /2	FILED
Address	650 NW 43RD AVENUE	Address:	SECURE MAIL	TA
	MIAMI, FL. 33126-5406		STATE	L
			FLORIDA	ED

Name and Title:	Name and Title:		
Address	Address:	15	JUL
		0	0
		44	44
		8	8
		12	12

Name and Title:	Name and Title:		
Address	Address:	15	JUL
		0	0
		44	44
		8	8
		12	12

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: EMILIO B. ALVAREZ
Address: 650 NW 43RD AVENUE
MIAMI, FL. 33126-5406

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: EMILIO B. ALVAREZ
Address: 650 NW 43RD AVENUE
MIAMI, FL. 33126-5406

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

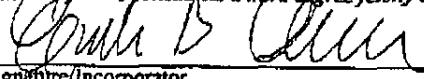


Required Signature/Registered Agent

7/8/2015

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 third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

7/8/2015

Date

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TALLAHASSEE, FLORIDA