

**P15000190768**

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
CHAVYS LIQUOR 2, INC.**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FILED**

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

**ARTICLE I NAME** CHAVYS LIQUOR 2, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
13706 SW 56 STREET  
MIAMI, FLORIDA 33175

Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 1000  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: HECTOR SANTOS MILANES, PRES

Address: 29505 SW 168 COURT  
HOMESTEAD, FLORIDA 33175

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

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

Name and Title: GLISCETT VELIZ, VP

Address: 2905 SW 168 COURT  
HOMESTEAD, FLORIDA 33175

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

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

Name and Title: EVERARDO CHAVIANO, SECRETARY

Address: 13310 SW 20TH STREET  
MIAMI, FLORIDA 33175

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: FELIX M. CACERES II, P.A.  
Address: 1035 SW 87TH AVENUE  
MIAMI, FLORIDA 33174

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FELIX M. CACERES II, P.A.  
Address: 1035 SW 87TH AVENUE  
MIAMI, FLORIDA 33174

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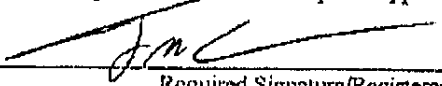
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8/6/2015 (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.)

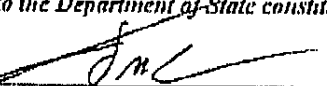
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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  
Felix M. Caceres II, Pres. dwp

8/6/2015  
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  
Felix M. Caceres II, Pres. dwp

8/6/2015  
Date