

**P/5000068003**

Florida Department of State  
Division of Corporations  
Cover Sheet

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

From: Account Name : FASTKIT CORP  
Account Number : 120100000009  
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  
ARTEMISA WOOD FLOOR CORP**

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

AUG 13 2015

S. GILBERT

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

FILED

15 AUG 12 PM 12:43

ARTICLE I NAME

The name of the corporation shall be: ARTEMISA WOOD FLOOR CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

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

9510 SW 46 STREET

MIAMI, FL. 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

CONSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Address: GLEIBYS FARINAS

9510 SW 46 TERRACE

MIAMI, FL. 33165

Name and Title: DIRECTOR

Address: VICTOR JOSE LLANES

9510 SW 46 TERRACE

MIAMI, FL. 33165

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

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

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

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

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

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

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

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

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: GLEIBYS FARINAS  
Address: 9510 SW 46 TERRACE  
MIAMI, FL. 33165

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GLEIBYS FARINAS  
Address: 9510 SW 46 TERRACE  
MIAMI, FL. 33165

**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*

*D. P. B.* \_\_\_\_\_ 08/11/2015  
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.*

*D. P. B.* \_\_\_\_\_ 08/11/2015  
Required Signature/Incorporator Date