

PK500008257H

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
REY OSCAR INC**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT -7 PM 8:01

FILED

15 OCT -7 PM 3:55

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: REY OSCAR INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
16450 MIAMI DRIVE STE 301

Mailing address, if different is:

NORTH MIAMI BEACH

FL, 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRAILERS MAINTENANCE & REPAIR

ARTICLE IV SHARES

The number of shares of stock is: 100 PER VALUE \$ 1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OSCAR RIVERON

Name and Title: _____

Address

16450 MIAMI DRIVE STE 301

Address: _____

NORTH MIAMI BEACH, FL, 33162

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

15 OCT - 7 PM '04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Name and Title: OSCAR RIVERON PRES Name and Title: _____
Address: 16450 MIAMI DRIVE STE 501 Address: _____
NORTH MIAMI BEACH, FL, 33162 _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: OSCAR RIVERON
Address: 16450 MIAMI DRIVE STE 501
NORTH MIAMI BEACH, FL, 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OSCAR RIVERON
Address: 16450 MIAMI DRIVE STE 501
NORTH MIAMI BEACH, FL, 33162


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

10-7-15
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.


Required Signature/Incorporator

10-7-15
Date