

# P/50000950/2

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: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
D & P OPERATIONS INC**

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

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15 NOV 25 PM 4:06  
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TALLAHASSEE, FLORIDA

*11/30/15*

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15 NOV 25 AM 9:47  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

D & P OPERATIONS INC

ATX1

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 821, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: D & P OPERATIONS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

7390 SW 8 STREET

Mailing address, if different is:

MIAMI, FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to transact any and all business permitted under the laws of the

United States of America and under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 500 shares at \$1.00 par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YASSER GALVEZ, President

Name and Title:

Address: 5085 NW 7 STREET APT #1702

Address:

MIAMI, FL 33126

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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DIVISION OF CORPORATIONS  
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D & P OPERATIONS INC

ATX1

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: YASSER GALVEZ  
Address: 5085 NW 7 STREET, APT 1702  
MIAMI, FL 33128

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YASSER GALVEZ  
Address: 5085 NW 7 STREET, APT 1702  
MIAMI, FL 33128

**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 30 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

11/24/15  
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

11/24/15  
Date

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