

P 15000098007

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
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Fax Number : (305) 592-9591

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15 DEC -9 AM 8:01
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

****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
MOREIRA & ASSOCIATES, INC.

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

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/10/15

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

FILED

ARTICLE I NAME
The name of the corporation shall be: MOREIRA & ASSOCIATES, INC.

15 DEC -9 AM 8:01

ARTICLE II PRINCIPAL OFFICE
Principal street address
13476 NW 77 CT UNIT 623
MIAMI LAKES, FL. 33016

SECRETARY OF STATE
MAILING ADDRESS, IF DIFFERENT IS: TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: SUB-CONTRACT EMPLOYEES

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES \$5.00 EA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	JONATHAN MOREIRA PRESIDENT	Name and Title:	
Address	13476 NW 77 CT UNIT 623	Address:	
	MIAMI LAKES, FL 33016		

Name and Title:	MADLINE MOREIRA TREASURER	Name and Title:	
Address	13476 NW 77 CT UNIT 623	Address:	
	MIAMI LAKES, FL. 33016		

Name and Title:		Name and Title:	
Address		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: MADELINE MOREIRA
Address: 15476 NW 77 CT UNIT 623
MIAMI LAKES, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MADELINE MOREIRA
Address: 15476 NW 77 CT UNIT 623
MIAMI LAKES, FL 33016

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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
12/1/2015
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 §817.155, F.S.

Required Signature/Incorporator
12/1/2015
Date