

P16000017895

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 annual report mailings. Enter only one email address please.**

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2016 FEB 25 AM 11:47

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION
TRUE DIMENSION USA INC

Certificate of Status	0
Certified Copy	1
Page Count	02
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FEB 26 2016

T. BROWN

2/25/2016 4:14 PM

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2016 FEB 25 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME TRUE DIMENSION USA INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
6515 WEST 24 AVENUE # 104
HIALEAH, FL, 33016

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSTRUCTION WORKS

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: MAURICIO BORREGO DIRECTOR

Address 6515 WEST 24 AVENUE # 104
HIALEAH, FL, 33016

Name and Title: _____

Address: _____

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: MAURICIO BORREGO
Address: 6515 WEST 24 AVENUE # 104
HIALEAH, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MAURICIO BORREGO
Address: 6515 WEST 24 AVENUE #104
HIALEAH, FL 33016

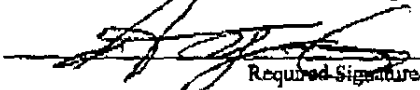
ARTICLE VIII EFFECTIVE DATE:

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

02/18/2016

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

02/18/2016

Date