

P16000021529

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

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16 MAR -8 PM 4:50
SECRETARY OF STATE
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
TEXOLINE CORP

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

2

63-09-15

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:

TEXOLINE CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

2125 BISCAYNE BOULEVARD 580 A
MIAMI FLORIDA 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT ANY LEGAL BUSINESS

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

100 of \$1.- PAR EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

TURRI SILVIA

Name and Title:

PRES / TRS / SECR.

Address

2125 Biscayne Blvd
580 A

Address:

Miami Florida 33137

Name and Title:

Name and Title:

Address

Address:

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: CHIARATO UGO
Address: 2125 BISCAYNE BLVD 580A
MIAMI FLORIDA 33137

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: TURRI SILVIA
Address: 2125 BISCAYNE BLVD 580A
MIAMI FLORIDA 33137

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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:

[Signature]

Required Signature/Registered Agent

MARCH 4, 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.

[Signature]

Required Signature/Incorporator

MARCH 4, 2016

Date