

# P16000027907

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000078583 3)))



H160000785833ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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  
VLISSINGEN II INVESTMENT CORP.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR 29 PM 4: 38

RECEIVED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR 29 AM 10: 04

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

**ARTICLE I NAME** VLISSTNOEN II INVESTMENT CORP.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10540 NW 26TH ST.  
STE. #G201  
DORAL, FL. 33172

Mailing address, if different is:  
10540 NW 26TH ST.  
STE. #G201  
DORAL, FL. 33172

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATE INVESTMENTS

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>RAFAEL GONZALEZ DE CASTRO, PR</u>	Name and Title:	<u>ALTHEMAR IGLESIAS, V.P.</u>
Address	<u>10540 NW 26TH ST.</u>	Address:	<u>10540 NW 26TH ST.</u>
	<u>STE. #G201</u>		<u>STE. #G201</u>
	<u>DORAL, FL. 33172</u>		<u>DORAL, FL. 33172</u>

Name and Title:	<u>CESAR A. MARAVER, TR.</u>	Name and Title:	_____
Address	<u>10540 NW 26TH ST.</u>	Address:	_____
	<u>STE. #G201</u>		_____
	<u>DORAL, FL. 33172</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR 29 AM 10:04

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: CABANAS & ASSOCIATES, P.A.  
 Address: 10520 NW 26TH ST. - STE. #C201  
DORAL, FL. 33172

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 16 MAR 29 AM 10:04

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSEPH F. CABANAS  
 Address: 10520 NW 26TH ST. - STE. #C 201  
DORAL, FL. 33172

**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

MARCH 29, 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

MARCH 29, 2016  
 Date