

# P16000048701

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

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

2016 JUN -3 AM 11:30  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA PROFIT/NON PROFIT CORPORATION PARS C7 CORP.

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

RECEIVED

16 JUN -3 PM 4:33

TALLAHASSEE, FLORIDA

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

FILED  
2016 JUN -3 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**  
The name of the corporation shall be: PARS C7 CORP.

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address  
2935 NORTH BAY ROAD  
MIAMI BEACH, FL. 33140

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100 SHARES AT \$1.00 EA.

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

Name and Title:	<u>CERMINARA, LUCIANA PRESIDENT</u>	Name and Title:	_____
Address	<u>2935 NORTH BAY ROAD</u>	Address:	_____
	<u>MIAMI BEACH, FL. 33140</u>		_____
	_____		_____

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: CERMINARA, LUCIANA  
Address: 2935 NORTH BAY ROAD  
MIAMI BEACH, FL. 33140

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: CERMINARA, LUCIANA  
Address: 2935 NORTH BAY ROAD  
MIAMI BEACH, FL. 33140

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/03/2016 (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*

*Lucian Cerminara*  
Required Signature/Registered Agent

06/02/2016

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.*

*Lucian Cerminara*  
Required Signature/Incorporator

06/02/2016

Date