

P16000048704

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.

((H16000136722 3)))



H160001367223ABC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN -3 AM 11:34

FILED

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
BETHEL INVESTMENTS, CORP.

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

RECEIVED

16 JUN -3 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2016 JUN -3 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: BETHEL INVESTMENTS, CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address
8839 DICKENS AVE.
SURFSIDE, FL. 33154

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 1000 SHARES AT \$1.00 EA.
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>GONZALEZ, SIXTO S. PRESIDENT</u>	Name and Title:	_____
Address	<u>8839 DICKENS AVE.</u>	Address:	_____
	<u>SURFSIDE, FL. 33154</u>		_____

Name and Title:	<u>GONZALEZ, ANA M. TREASURER</u>	Name and Title:	_____
Address	<u>8839 DICKENS AVE.</u>	Address:	_____
	<u>SURFSIDE, FL. 33154</u>		_____

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: GONZALEZ, SIXTO S
Address: 8839 DICKENS AVE.
SURFSIDE FL. 33154

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GONZALEZ, SIXTO S
Address: 8839 DICKENS AVE.
SURFSIDE, FL. 33154

ARTICLE VIII EFFECTIVE DATE:

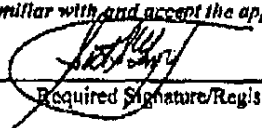
Effective date, if other than the date of filing: 06/03/2016

(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

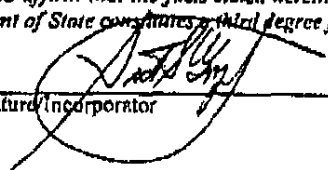


Required Signature/Registered Agent

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.817.135, F.S.



Required Signature/Incorporator

06/02/2016

Date