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

Email Address: _____

RECEIVED

16 JUN 22 PM 4:49

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
ALLIMAC PROPERTIES Corp.**

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

06/23/16

16 JUN 22 AM 10:32

FILED
OFFICE OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

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: ALLIMAC PROPERTIES 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

ARTICLE IV SHARES

The number of shares of stock is: 100 of \$ 1.- par value each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marsiglia Simone

Name and Title: P/T/S/D

Address 2125 Biscayne Boulevard 580 A

Address: _____

Miami, Florida 33137

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
OFFICE OF THE CLERK

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: Ugo V. Chiarato
Address: 2125 Biscayne Blvd Suite 580A
Miami FL 33137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marsiglia Simona
Address: 2125 Biscayne Boulevard 580 A
Miami, Florida 33137

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

06/22/2016

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

06/22/2016

Date

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STATE
CORPORATION
DIVISION