Jivision of Corporations

**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.

(((H160002014283)))



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 : (305)599-0839 : (305)592-9591 Fax Number

\*\*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 GLOBAL ELITE CONSULTING GROUP, INC.

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

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

The name of the co	rporation shall be:	CONSULTING GROUP, INC.	
ARTICLE II P	RUNCIPAL OFFICE Principal <u>street</u> address EET	Mailing address, if different is: 1023 \$W 12 STREET	
MIAMI. FLORIDA 33129		MIANIL FLORIDA 33129	_
			<del></del>
ARTICLE III Pi	URPOSE high the corporation is organized is:	ISULTING	<del></del>
			<del>-</del>
			_
			- " -'::
ARTICLE IV SI	HARES es of stock is:	8:5	Maring Volume
ARTICLE V _ IN	ITIAL OFFICERS AND/OR DIRECTO	<u>RS</u>	
Name and	Title: RICARDO PAREDES	Name and Title:	_ <u>-</u>
- Address	1023 SW 12 STREET	Address:	_
	MIAMI FLORIDA 33129		_
			<del>-</del>
Name and	Title:	Name and Title:	-
Address		Address:	-
			- -
Name and	Fitle:	Name and Title:	_
Address		Address:	•
			-

Name and Title:		Name and Title:		
Addre	35	Address:		
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab	lc) of the registered agent is:		
Name:	LUIS G. BRITO			
Address:	407 LINCOLN ROAD, SUITE 9A	The state of the s	13 0 13 13 13 13 13 13 13 13 13 13 13 13 13	
	MIAMI BEACH, FLORIDA 33139	- 10 (A)	on i	
ARTICLE VII	INCORPORATOR		8 3	
The name and a	address of the Incorporator is:	No.		
Name:	RICARDO PAREDES			
Address:	1023 SW 12 STREET			
	MIAMI FLORIDA 33129	<del></del>		
Effective date, if (If an effective of days after the fi	ling.)	(OPTIONAL)  nnot be more than five business days prior or 98  ble statutory filing requirements, this date will not lead to the statutory filing requirements.		
	ffective date on the Department of State's recor			
		cess for the above stated corporation of the place d registered agent and agree to act in this capacity Date	lesignated in	
I submit this doc document to the	ulgent and affirm that the facts stated herein of Department of State constitutes a third dagree for	tre true. I am aware that the false information sullony as provided for in s.817.155, F.S.	bmitted in a	
 		8-12-	2016	
Requi	red Signature/Incorporator	Date	:	
	\	• •		

: