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

Email Address: _____

16 AUG 31 AM 8:32

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FLORIDA PROFIT/NON PROFIT CORPORATION
BRICKELL 21 CAPITAL MANAGEMENT, INC.

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

SEP 01 2015

T. SCOTT

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: BRICKELL 31 CAPITAL MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
600 BRICKELL AVENUE
SUITE 1614
MIAMI, FLORIDA 33131

Mailing address, if different is:
600 BRICKELL AVENUE
SUITE 1614
MIAMI, FLORIDA 33131

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: FINANCIAL CONSULTING

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANCESCO TRAINA PRESIDENT
Address: 600 BRICKELL AVENUE
SUITE 1614
MIAMI FLORIDA 33131

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: LUIS G. BRITO

Address: 407 LINCOLN ROAD, SUITE 9A

MIAMI BEACH FLORIDA 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FRANCESCO TRAINA

Address: 600 BRICKELL AVENUE, SUITE 1614

MIAMI FLORIDA 33131

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

_____ 9/1/2016

Required Signature/Registered Agent 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.

_____ 9/1/2016

Required Signature/Incorporator Date