

P16000073064

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

2nd Request

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 SEP -7 PM 1:30

FLORIDA PROFIT/NON PROFIT CORPORATION
MR. TOBACCO INC

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

16 SEP -7 AM 8:33

SEP 08 2015

T. SCOTT



September 7, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

SUBJECT: MR. TOBACCO INC
REF: W16000061208

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H16000219490
Letter Number: 416A00018828

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: MR. TOBACCO INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

85 W 51TH ST

SAME

HIALEAH, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAITE ALFONSO (PRESIDENT)

Name and Title: _____

Address: 85 W 51TH ST

Address: _____

HIALEAH, FL 33012

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

16 SEP - 7 AM 8:33

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: MAITE ALFONSO
Address: 85 W 51TH ST
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAITE ALFONSO
Address: 85 W 51TH ST
HIALEAH, FL 33012

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: SEPTEMBER 02, 2016 (OPTIONAL)

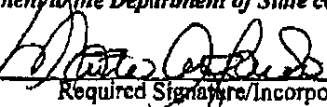
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

*  SEPTEMBER 02, 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.

*  SEPTEMBER 02, 2016
Required Signature/Incorporator Date