

P17000003176

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.

(((H17000010430 3)))



H170000104303ABCQ

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

17 JAN 11 AM 9:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

****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
KING CAMELOT 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)

17 JAN 11 AM 9:53
STATE OF FLORIDA
TALLAHASSEE

ARTICLE I NAME KING CAMELOT INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
16450 MIAMI DRIVE STE 501
NORTH MIAMI BEACH, FL, 33162

Mailing address, if different is _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: CONSTRUCTION WORKS

ARTICLE IV SHARES 100 PER VALUE \$ 1.00
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	OSCAR RIVERON PRESIDENT	Name and Title:	MERCEDES FIGUEROA VICE DIRE
Address	16450 MIAMI DR APT 501	Address:	16450 MIAMI DR APT 501
	NORTH MIAMI BEACH, FL, 33162		NORTH MIAMI BEACH, FL, 33162
	50 %		50%

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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: OSCAR RIVERON
Address: 16450 MIAMI DR APT 501
NORTH MIAMI BEACH, FL 33162

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: OSCAR RIVERON
Address: 16450 MIAMI DR APT 501
NORTH MIAMI BEACH, FL 33162

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 days prior or 90 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

01/10/2017

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.

Required Signature/Incorporator

01/10/2017

Date

17 JAN 11 AM 9:53
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA