

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
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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
CHAVYS LIQUOR 4, INC.**

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

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17 JAN 26 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME CHAVYS LIQUOR 4, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

| | |
|---------------------------------|-----------------------------------|
| Principal <u>street</u> address | Mailing address, if different is: |
| _____ | _____ |
| 800 PALM AVENUE, #B, C, D, F | 800 PALM AVENUE, # B, C, D, F |
| _____ | _____ |
| HIALEAH, FL 33010 | HIALEAH, FL 33010 |
| _____ | _____ |

ARTICLE III PURPOSE ANY LAWFUL PURPOSE.
The purpose for which the corporation is organized is: _____

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|---|-----------------------|
| Name and Title: <u>EVERARDO CHAVIANO, PSTD</u> | Name and Title: _____ |
| Address: <u>13310 SW 20TH STREET</u> | Address: _____ |
| <u>MIAMI, FL 33175</u> | _____ |
| _____ | _____ |
| Name and Title: <u>WILSON JOSE FRANCO LINARES, VP</u> | Name and Title: _____ |
| Address: <u>5056 SW 141ST AVENUE</u> | Address: _____ |
| <u>MIRAMAR, FL 33027</u> | _____ |
| _____ | _____ |
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: FELIX M. CACERES II, P.A.
Address: 1035 SW 87TH AVENUE
MIAMI, FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EVERARDO CHAVIANO
Address: 13310 SW 20TH STREET
MIAMI, FL 33175


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/25/2017 (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 as 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 1/25/2017
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information contained 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 1/25/2017
Date