

**P17000012917**

## Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

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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

17 FEB -9 AM 10:24  
STATE DEPT 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  
MARENOSTRUM TRADING CORP**

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)

**ARTICLE I NAME**                      MARENOSTRUM TRADING CORP  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address	Mailing address, if different is:
_____	_____
4361 SW 147 CT	SAME
_____	_____
MIAMI, FL 33185	_____
_____	_____

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: \_\_\_\_\_  
DISTRIBUTION  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE

**ARTICLE IV SHARES**                      100 SHARES  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>ESTEFANIA MORI (PRESIDENT)</u>	Name and Title: <u>MARIA VELEZ (SECRETARY)</u>
Address: <u>4361 SW 147 CT</u>	Address: <u>4361 SW 147 CT</u>
<u>MIAMI, FL 33185</u>	<u>MIAMI, FL 33185</u>
_____	_____

Name and Title: <u>MILTON G. MORI (TREASURER)</u>	Name and Title: _____
Address: <u>4361 SW 147 CT</u>	Address: _____
<u>MIAMI, FL 33185</u>	_____
_____	_____

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: ESTEFANIA MORI  
Address: 4361 SW 147 CT  
MIAMI, FL 33185

17 FEB -9 AM 12:24  
DEPT OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ESTEFANIA MORI  
Address: 4361 SW 147 CT  
MIAMI, FL 33185

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: FEBRUARY 08, 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 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.*

*[Signature]*  
\_\_\_\_\_  
Required Signature/Registered Agent

02/08/2017  
\_\_\_\_\_  
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.*

*[Signature]*  
\_\_\_\_\_  
Required Signature/Incorporator

02/08/2017  
\_\_\_\_\_  
Date