

P170000014108

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

****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

Ruben Pizza, Corp

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

FILED
2017 FEB 14 PM 1:39
TALLAHASSEE, FLORIDA
STATE

17 FEB 14 PM 3:25

V. HERRING
FEB 15 2017

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:

 Ruben Pizza, Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

 3514 NW 36 Street

 Miami, FL 33142

Mailing address, if different is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

 Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

 100 shares @ \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

 Galina Sulskis P/S/T/D

Name and Title:

Address

 3514 NW 36 St

Address:

 Miami, FL 33142

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)

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: Galina Sulskis
Address: 3514 NW 36 Street
Miami, FL 33142

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Galina Sulskis
Address: 3514 NW 36 Street
Miami, FL 33142

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

Galina Sulskis
Required Signature/Registered Agent

02/14/17
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.

Galina Sulskis
Required Signature/Incorporator

02/14/17
Date

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE