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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

17 FEB 22 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

17 FEB 22 PM 3:41

\*\*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  
AR STUDIO GROUP, INC

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

17 FEB 22 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: AR STUDIO GROUP, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 2950 NE 188 ST APT 414 Mailing address, if different is: \_\_\_\_\_  
AVENTURA, FL 33180

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
GRAPHIC DESIGN AND ADVERTISEMENT

7 FEB 22 AM 8:52  
STATE OF FLORIDA  
TALLAHASSEE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: ADRIAN RODRIGUEZ Name and Title: \_\_\_\_\_  
Address: 2950 NE 188 ST Address: \_\_\_\_\_  
APT 414  
AVENTURA, FL 33180

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: PEORO L. CAMPO.  
 Address: 9340 SW 25 St.  
Miami FL. 33165

17 FEB 22 AM 8:52  
 DEPARTMENT OF STATE  
 TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: PEORO L. CAMPO  
 Address: 9340 SW 25 St.  
Miami, FL. 33165

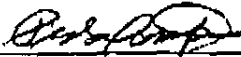
**ARTICLE VIII EFFECTIVE DATE:**

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

02/22/2017

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

02/22/2017

Date