

P17000021314Florida 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) 592-9391

****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
D & I LIGHTNING AND SOUND CORP**

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

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DIVISION OF CORPORATIONS
INFORMATION SERVICES

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M. MOON
MAR 09 2017



March 9, 2017

FASTKIT CORP

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: D & J LIGHTNING AND SOUND CORP
REF: W17000019864

17 Mar - 9 11:16:03

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: B17000065196
Letter Number: 717A00004540

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

ARTICLE I NAME D & I LIGHTNING AND SOUND CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address: _____

Mailing address, if different is: _____

444 E 46 ST

444 E 46 ST

HIALEAH, FL 33013

HIALEAH, FL 33013

ARTICLE III PURPOSE DJ SERVICES
The purpose for which the corporation is organized is: _____

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>JAVIER PAEZ</u>	Name and Title:	_____
Address	<u>444 E 46 ST</u>	Address:	_____
	<u>HIALEAH, FL 33013</u>		_____
	<u>(PRESIDENT)</u>		_____

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: JAVIER PAEZ
Address: 444 E 46 ST
HIALEAH, FL 33013

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAVIER PAEZ
Address: 444 E 46 ST
HIALEAH, FL 33013

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MARCH 07, 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

X 
Required Signature/Registered Agent

MARCH 07, 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.

X 
Required Signature/Incorporator

MARCH 07, 2017

Date