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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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17 APR -6 PM 3:52

FLORIDA PROFIT/NON PROFIT CORPORATION

Integral and Intelligent Business Solutions, Inc.

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

APR 7 2017
C Kinsey

Electronic Filing Menu Corporate Filing Menu Help

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: Integral and Intelligent Business Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
407 Lincoln Road	407 Lincoln Road
Suite 9A	Suite 9A
Miami Beach, Florida 33139	Miami Beach, Florida 33139

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Service, Support and Technology Projects, Sale of Equipment and Technology Products.

2007 APR -6 PM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Gabriel Ferrer President/Seot/Treasure	Name and Title:	Fernando Rondon Vice President
Address	407 Lincoln Road	Address:	407 Lincoln Road
	Suite 9A		Suite 9A
	Miami Beach, Florida 33139		Miami Beach, Florida 33139
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: Luis G. Brito

Address: 407 Lincoln Road, Suite 9A

Miami Beach, Florida 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gabriel Ferrer

Address: 407 Lincoln Road, Suite 9A

Miami Beach, Florida 33139

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

_____ 4/6/17

Required Signature/Registered Agent 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.

_____ 4/6/17

Required Signature/Incorporator Date