

**P17000031566**

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  
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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.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Inca Brickell 1010 Inc**

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**

The name of the corporation shall be: Inca Brickell 1010 Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5600 SW 135 ave Suite 106 R

Miami FL 33183

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all legal Activities.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Abraham Casallas

Name and Title: \_\_\_\_\_

Address 5600 SW 135 AV. #106R

Address: \_\_\_\_\_

Miami, FL 33183

Director

Name and Title: Gabriel S. Diaz-Sarmiento

Name and Title: \_\_\_\_\_

Address 5600 SW 135 AV #106 R

Address: \_\_\_\_\_

Miami FL 33183

Secretary

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: Gabriel S. Diaz-Sarmiento  
Address: 5600 SW 135 AV #106R  
Miami, FL 33183

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gabriel S. Diaz-Sarmiento  
Address: 5600 SW 135 AV SUITE 106R  
MIAMI, FL 33183

FILED  
17 APR -6 PM 2:35  
TALLAHASSEE, FLORIDA

**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*

*[Signature]* 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.*

*[Signature]* 4/6/17  
Required Signature/Incorporator Date