

P17000040948

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000124493 3)))



H170001244933ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

2nd Request

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
URKIOLA Inc

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

17 MAY -8 PM 4: 53

OFFICE OF COMMERCIAL INFORMATION SERVICES

FILED

17 MAY -8 AM 7: 58

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Pro60)

ARTICLE I. NAME
The name of the corporation shall be: URKIOLA Inc

ARTICLE II. PRINCIPAL OFFICE
Principal street address: 9951 SW 124 TER
Miami FL 33176
Mailing address, if different to: 9951 SW 124 TER
Miami FL 33176

ARTICLE III. PURPOSE
The purpose for which the corporation is organized is: All Legal Business

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

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

| | |
|--|-----------------------|
| Name and Title: <u>Marta Uraia President</u> | Name and Title: _____ |
| Address: <u>9951 SW 124 TER</u> | Address: _____ |
| <u>Miami FL 33176</u> | _____ |
| _____ | _____ |
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |

17 MAY -8 PM 7:58
MARTHA URAIA

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: Marta Urain
 Address: 9951 SW 124 TER
Miami FL 33176

ARTICLE VII. INCORPORATOR

The name and address of the incorporator is:

Name: Marta Urain
 Address: 9951 SW 124 TER
Miami FL 33176

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 90 business days prior or 90 business 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 or registered agent to accept service of process for the above named corporation at the place designated in this certificate, I am qualified with and accept the appointment as registered agent and agree to act in this capacity

X Marta Urain
 Registered Signature/Registered Agent

4-10-2017
 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. 817.03, F.S.

X Marta Urain
 Registered Signature/Incorporator

4-10-2017
 Date

17 MAY -9 AM 7:58
 TALLAHASSEE, FLORIDA