Division of Corporations P17000047658

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

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
CHUMBA GAMBA CORP

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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

N. SAMS
JUN 01 2017

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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: CHUMBA/GAMBA CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
951 BRICKELL AVE	
SUITE 903	
MIAMI, FL 33131	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIO E. SUAREZ, PRESIDENT	Name and Title:
Address: 951 BRICKELL AVE	Address:
SUITE 903	
MIAMI, FL 33131	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____ _____

_____ _____

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARIO E. SUAREZ

Address: 951 BRICKELL AVE STE 903

MIAMI, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MARIO E. SUAREZ

Address: 951 BRICKELL AVE STE 903

MIAMI, FL 33131

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.

_____ 05/31/2017

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.

_____ 05/31/2017

Required Signature/Incorporator Date