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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.\*\*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION  
SHIPPING OPERATION SERVICES, INC.

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

N. SAMS

JUN 15 2017

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ARTICLES OF INCORPORATION

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

17 JUN 15 PM 1:02

ARTICLE I NAME

The name of the corporation shall be: SHIPPING OPERATION SERVICES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

9829 ARBOR OAKS LN.

BOCA RATON, FL 33428

Mailing address, if different is:

9829 ARBOR OAKS LN.

BOCA RATON, FL 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: IMPORT/EXPORT

ARTICLE IV SHARES

The number of shares of stock is: 1,000 AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NELSON RODRIGUEZ, PR./ SEC.

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

Address 9829 ARBOR OAKS LN.

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

BOCA RATON, FL 33428

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: NELSON RODRIGUEZ  
Address: 9829 ARBOR OAKS LN.  
BOCA RATON, FL 33428

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CABANAS & ASSOCIATES PA  
Address: 10520 NW 26TH STREET STE. C-201  
DORAL, FL 33172

**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.)

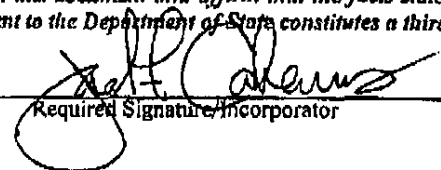
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

6-13-17  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

6-13-17  
\_\_\_\_\_  
Date