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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.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ACTIVE CLOUD SOLUTIONS CORP

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

17 JUN 20 AM 8:46
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DIVISION OF CORPORATIONS
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JUN 21 2017
T. SCOTT

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: ACTIVE CLOUD SOLUTIONS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

5797 NW 151 STREET
STE. B
MIAMI LAKES, FL 33014

Mailing address, if different is:

5797 NW 151 STREET
STE. B
MIAMI LAKES, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CLOUD COMPUTING SERVICES

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: VERONICA G. GUEVARA/ VP
Address: 5797 NW 151 STREET, STE. B, MIAMI LAKES, FL 33014

Name and Title: MARCO R. SALAZAR / T
Address: 5797 NW 151 STREET, STE.B, MIAMI LAKES, FL 33014

Name and Title: XAVIER P. GUEVARA / P
Address: 5797 NW 151 STREET, STE. B, MIAMI LAKES, FL 33014

Name and Title:
Address:

Name and Title:
Address:

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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: CABANAS & ASSOCIATES PA

Address: 10520 NW 26TH STREET STE. C-201

DORAL, FL 33172

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

_____ 6/15/17

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.

_____ 6/15/17

Required Signature/Incorporator Date