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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
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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.

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FLORIDA PROFIT/NON PROFIT CORPORATION
JA ARTSTYLE INTERNATIONAL, CORP.

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

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DEC 19 2017

K. Brumbley



December 18, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: ARTS INTERNATIONAL, CORP
REF: W17000099387

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Terri J Schroeder
Regulatory Specialist III

FAX Aud. #: H17000327994
Letter Number: 817A00025463

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: JA ARTSTYLE INTERNATIONAL, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5835 SW 89TH AVE.

5835 SW 89TH AVE.

MIAMI, FL. 33173

MIAMI, FL. 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE INVESTMENT

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: JORGE E. ESCOBAR RIVERA, PR/SEC.

Name and Title:

Address 5835 SW 89TH AVE.

Address:

MIAMI, FL. 33173

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

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, P.A.
Address: 10520 NW 26TH ST. - STE. C 201
DORAL, FL. 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSEPH F. CABANAS
Address: 10520 NW 26TH ST. - 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

DEC. 19, 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.817.155, F.S.



Required Signature/Incorporator

DEC. 19, 2017

Date