

# P18000012092

Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
HONATHAN BODY SHOP INC

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

N: SAMS

FEB 07 2018

Electronic Filing Menu

Corporate Filing Menu

Help

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

**ARTICLE I NAME** HONATHAN BODY SHOP INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address \_\_\_\_\_

\_\_\_\_\_  
1150 W 79TH ST APT 126B  
\_\_\_\_\_  
HIALEAH, FL 33014  
\_\_\_\_\_

Mailing address, if different is: \_\_\_\_\_

\_\_\_\_\_  
1150 W 79TH ST APT 126B  
\_\_\_\_\_  
HIALEAH, FL 33014  
\_\_\_\_\_

**ARTICLE III PURPOSE** BODY SHOP  
The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
18 FEB - 6 PM 3:44  
CLERK OF CIRCUIT COURT  
DADE COUNTY, FLORIDA

**ARTICLE IV SHARES** 100 SHARES  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>ERNESTO CAMPOS</u>	Name and Title:	_____
Address	<u>1150 W 79TH ST APT 126B</u>	Address:	_____
	<u>HIALEAH, FL 33014</u>		_____
	<u>PRESIDENT</u>		_____

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: ERNESTO CAMPOS  
Address: 1150 W 79TH ST APT 126B  
HIALEAH, FL 33014

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ERNESTO CAMPOS  
Address: 1150 W 79TH ST APT 126B  
HIALEAH, FL 33014

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18 FEB - 6 PM 3:44  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: FEBRUARY 05, 2018 (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

FEBRUARY 05, 2018  
\_\_\_\_\_  
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

FEBRUARY 05, 2018  
\_\_\_\_\_  
Date