

P18000015017

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H180000537103))



H180000537103ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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
SPIRIT DANCE COMPETITION CORP

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

RECEIVED

2018 FEB 15 PM 3:35

STATE OF FLORIDA
DIVISION OF CORPORATIONS

N. SAMS

FEB 16 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

The name of the corporation shall be: SPIRIT DANCE COMPETITION CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

601 W 27TH ST

601 W 27TH ST

HIALEAH, FL 33010

HIALEAH, FL 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DANCE COMPETITION

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-15-2011 BY 60322 UCBAW

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MADELEINE MIARES

Name and Title: _____

Address 601 W 27TH ST

Address: _____

HIALEAH, FL 33010

PRESIDENT (50 SHARES)

Name and Title: ELISABETH DEL PINO

Name and Title: _____

Address 601 W 27TH ST

Address: _____

HIALEAH, FL 33010

VICE-PRESIDENT (50 SHARES)

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: MADELEINE MUARES
Address: 601 W 27TH ST
HIALEAH, FL 33010

FILED IN HIALEAH, FLORIDA

18 FEB 15 PM 3:51

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MADELEINE MUARES
Address: 601 W 27TH ST
HIALEAH, FL 33010

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: FEBRUARY 14, 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

M. M.
Required Signature/Registered Agent

FEBRUARY 14, 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.

[Signature]
Required Signature/Incorporator

FEBRUARY 14, 2018

Date