

P18000017362

Florida Department of State
Division of Corporations
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To: Division of Corporations
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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.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Sarablu Confections, Inc

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

N. SAMS

FEB 22 2018

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18 FEB 21 PM 3:11

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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: Sarahlu Confections, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
780 NE 69th Street Apt 1104

Miami, FL 33138

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Catering

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CLERK OF CIRCUIT COURT
DADE COUNTY, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sarah Lucia Tafur, President

Name and Title: _____

Address 780 NE 69th Street Apt 1104

Address: _____

Miami, FL 33138

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: Sarah Lucia Tafur
Address: 780 NE 69th Street Apt 1104
Miami, FL 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sarah Lucia Tafur
Address: 780 NE 69th Street Apt 1104
Miami, FL 33138

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TALLAHASSEE, FLORIDA

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

SL
Required Signature/Registered Agent

2/20/18
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.

SL
Required Signature/Incorporator

2/20/18
Date