

P18000020108

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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 TALLAHASSEE, FLORIDA

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
OSVALDO BOAT TRADER INC

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2018

FASTKIT CORP

SUBJECT: OSVALDO BOAT TRADER INC
REF: W18000020671

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for OSVALDO BOAT TRADER INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

FAX Aud. #: H18000068922
Letter Number: 618A00004311

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: OSVALDO BOAT TRADER INC

ARTICLE II. PRINCIPAL OFFICE
Principal ~~street~~ address
OSVALDO FERNANDEZ MONTENEGRO

Mailing address, if different is:

2015 SW 6 TH STREET APT 19

MIAMI, FL, 33135

ARTICLE III. PURPOSE
The purpose for which the corporation is organized is: BOATS SALES

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TALLAHASSEE, FLORIDA

ARTICLE IV. SHARES
The number of shares of stock is: 100 PER VALUE \$ 1.00

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>OSVALDO FERNANDEZ MONTENEGRO</u>	Name and Title:	_____
Address	<u>DIRECTOR</u>	Address:	_____
	<u>2015 SW 6 TH STREET APT 19</u>		_____
	<u>MIAMI, FL, 33135</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: OSVALDO FERNANDEZ MONTENEGRO
 Address: 2015 SW 6 TH STREET APT 19
MIAMI, FL, 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OSVALDO FERNANDEZ MONTENEGRO
 Address: 2015 SW 6 TH STREET APT 19
MIAMI, FL 33135

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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


 Required Signature/Registered Agent

3-1-18
 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.


 Required Signature/Incorporator

3-1-18
 Date