

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P1800009267294

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.

((H18000092676 3)))



H180000926763ABC6

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 : 120100000009
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: _____

RECEIVED

2018 MAR 22 PM 3:07

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
OLAM PACKAGING & SHIPPING SUPPLIES INC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAR 22 AM 10:49

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 23 2018

K. PAGE

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

ARTICLE I NAME

The name of the corporation shall be: OLAM PACKAGING & SHIPPING SUPPLIES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

STEPHANIA ROMERO

15618 SW 51 TERRACE

MIAMI FL 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALES SUPPLIES AND PACKAGING BOXES

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: STEPHANIA ROMERO- DIRECTOR

Name and Title: _____

Address

15618 SW 51 TERRACE

Address: _____

MIAMI FL 33193

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: STEPHANIA ROMERO
Address: 15618 SW 61 TERRACE
MIAMI FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: STEPHANIA ROMERO
Address: 15618 SW 61 TERRACE
MIAMI FL 33193

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.)

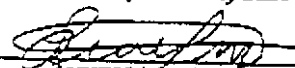
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

03-15-2018
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

03-15-2018
Date