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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  
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  
WENCESLAUS INSTITUTE CORP

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

RECEIVED

2018 MAR 30 PM 3:10

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APR 02 2018

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

**ARTICLE I NAME**      WENCESLAUS INSTITUTE CORP  
The name of the corporation shall be: \_\_\_\_\_

<b><u>ARTICLE II PRINCIPAL OFFICE</u></b> Principal <u>street</u> address	Mailing address, if different is:
_____ 7301 NW 173RD DR APT 103	_____ 7301 NW 173RD DR APT 103
_____ HIALEAH, FL 33015	_____ HIALEAH, FL 33015

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: EDUCATION SERVICES

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

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

Name and Title: <u>LUCIA W. DOS SANTOS</u>	Name and Title: _____
Address: <u>7301 NW 173RD DR APT 103</u>	Address: _____
<u>HIALEAH, FL 33015</u>	_____
<u>PRESIDENT (100 SHARES)</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: LUCIA W. DOS SANTOS  
Address: 7301 NW 173RD DR APT 103  
HIALEAH, FL 33015

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LUCIA W. DOS SANTOS  
Address: 7301 NW 173RD DR APT 103  
HIALEAH, FL 33015

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: MARCH 30, 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*

+ *Lucia W. Dos Santos*  
Required Signature/Registered Agent

MARCH 30, 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.*

+ *Lucia W. Dos Santos*  
Required Signature/Incorporator

MARCH 30, 2018  
Date