

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 : I201C0000009
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
LAS PALMAS 60, CORP.

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

RECEIVED

2018 MAY 18 PM 5:04

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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MAY 21 2018

K. PAGE

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: LAS PALMAS 60, CORP.

ARTICLE II. PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

5869 NW 112 CT.

5869 NW 112 CT.

DORAL, FL 33178

DORAL, FL 33178

ARTICLE III. PURPOSE

The purpose for which this corporation is organized is: REAL ESTATE INVESTMENTS

ARTICLE IV. SHARES

1,000 SHARES AT \$1.00 PER SHARE

The number of shares of stock is:

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TOMAS REYES, PRES.

Name and Title:

Address:

5869 NW 112 CT.

Address:

DORAL, FL 33178

Name and Title: SUSAN ORTEGA, V.P.

Name and Title:

Address:

5869 NW 112 CT.

Address:

DORAL, FL 33178

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: SUSAN ORTEGA
Address: 5869 NW 112 CT.
DORAL, FL. 33178

ARTICLE VII: INCORPORATOR

The name and address of the Incorporator is:

Name: CABANAS & ASSOCIATES, P.A.
Address: 10520 NW 26TH ST. - STE. C 201
DORAL, FL. 33172

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

X _____
Required Signature/Registered Agent

MAY 16, 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 § 817.35, F.S.

Required Signature/Incorporator

MAY 16, 2018
Date