

# P18 000 050 047

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 : I20160000009  
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  
POLEX INTERNATIONAL GROUP CORPORATION

Certificate of Status	0
Certified Copy	1
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JUN 05 2018

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: POLEX INTERNATIONAL GROUP CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1001-91 STREET #402

BAY HARBOR ISLANDS, FL 33154

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO GENERALLY ENGAGE IN AND PERFORM ANY ENTERPRISE AND OR VOCATION THAT A NATURAL PERSON MIGHT DO OR PERFORM. TO ENGAGE AND CARRY OUT ANY BUSINESS OR BUSINESSES WHICH IS NOT PROHIBITED BY THE LAWS OF THE STATE OF FLORIDA IN ANY OTHER STATE OR IN A FOREIGN COUNTRY. TO ACCOMPLISH ANY AND ALL THINGS NECESSARY FOR THE ATTAINMENT OR FURTHER EXERCISE OF THE POWERS HEREIN SET FORTH, WHETHER HEREIN SPECIFIED OR NOT, EITHER ALONE OR IN CONNECTIONS WITH OTHER FIRMS, INDIVIDUALS OR CORPORATIONS EITHER IN THE STATE OR THROUGHOUT THE UNITED STATES OR ELSEWHERE.

ARTICLE IV SHARES ONE HUNDRED SHARES  
The number of shares of stock is: \_\_\_\_\_

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JORGE PENNA

Name and Title: P. SEC. TREAS

Address: 1001- 91 STREET#402  
BAY HARBOR ISLANDS, FL 33154

Address: 1001-91 STREET#402  
BAY HARBOR ISLANDS, FL 33154

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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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: JORGE PENNA  
Address: 1001-91 STREET #402  
BAY HARBOR ISLANDS, FL 33154

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JORGE PENNA  
Address: 1001-91 STREET #402  
BAY HARBOR ISLANDS, FL 33154

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JUNE 4, 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

X Jorge Penna Required Signature/Registered Agent Jorge Penna JUNE 4, 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.

X Jorge Penna Required Signature/Incorporator Jorge Penna JUNE 4, 2018  
Date