

P/18000 055 582

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H18000186709 3)))



H180001867093ABC7

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 : I2010000099
Phone : (305) 599-0639
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 JUN 22 PM 4:58

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
4XLIFE CORP

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 JUN 22 AM 9:15

FILED

Electronic Filing Menu Corporate Filing Menu Help

D O'KEEFE
JUN 25 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: 4XLIFE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1199 W 35TH ST APT 303

1199 W 35TH ST APT 303

HIALEAH, FL 33012

HIALEAH, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVICES

FILED
18 JUN 22 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YULIESKY PEREZ

Name and Title: _____

Address 1199 W 35TH ST APT 303

Address: _____

HIALEAH, FL 33012

PRESIDENT - 100 SHARES

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

AD

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: YULIESKY PEREZ
 Address: 1199 W 35TH ST APT 303
HIALEAH, FL 33012

FILED
 18 JUN 22 AM 9:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: YULIESKY PEREZ
 Address: 1199 W 35TH ST APT 303
HIALEAH, FL 33012


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JUNE 22, 2018 (OPTIONAL)

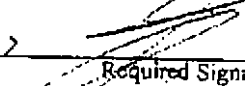
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 JUNE 22, 2018
 Required Signature/Registered Agent 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.

 JUNE 22, 2018
 Required Signature/Incorporator Date