

**P1800006293E**

## 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.

(((H18000208178 3)))



H180002081783ABC2

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 : 120100003009  
Phone : (305) 599-0939  
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**  
**LOLAROSSA INC.**

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

N. SAMS

JUL 20 2018

RECEIVED

2018 JUL 19 AM 11:43

FLORIDA  
COMMERCIAL  
REGISTRATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help



July 19, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FASTKIT CORP

SUBJECT: LOLAROSSA INC.  
REF: W18000066015

18 JUL 19 PM 4:41  
U.S. DEPT. OF JUSTICE  
CORPORATION

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

It appears the filing submitted has a typographical error in the principal address section. Please correct the word "ROAD" in the section and resubmit it back to us with the fax cover letter attached.

If you have any further questions concerning your document, please call (850) 245-6052.

Nadira D McClees-Sams  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H18000208178  
Letter Number: B18A00014804

**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: LOLAROSSA INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

928 71 STREET

928 71 STREET

MIAMI, FL 33141

MIAMI, FL 33141

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: PRESIDENT, STEVE SCOTT

Name and Title: VP, MEGAN GIOMETTI

Address: 6450 COLLINS AVE. APT 1001  
MIAMI BEACH, FL 33141

Address: 102 BEDFORD, #4L  
BROOKLYN, NY 11249

Name and Title: S & T, DANIELLE SAVIN

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

Address: 21 JONES STREET, APT 15  
NEW YORK, NY 11249

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: STEVE POLISAR  
Address: 407 LINCOLN ROAD, SUITE 2A  
MIAMI BEACH, FL 33139

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: STEVE POLISAR  
Address: 407 LINCOLN ROAD, SUITE 2A  
MIAMI BEACH, FL 33139

**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.*

*Steve Polisar*  
Required Signature/Registered Agent

*July 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 s.817.155, F.S.*

*Steve Polisar*  
Required Signature/Incorporator

*July 16 2018*  
Date

FILED  
JUL 16 2018  
MIAMI BEACH, FLORIDA

18 JUL 19 PM 4:41