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(((H18000260823 3)))



H180002608233ABC/

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To:

Division of Corporations

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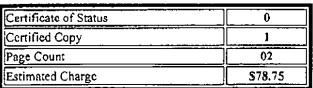
Account Name : FASTKIT CORP Account Number : I20100000009 : (305)599-0839 Phone Fax Number : (305)592-9591

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Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

Fill-A-Basket Inc.



Electronic Filing Menu Corporate Filing Menu

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P 2

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

ARTICLE I NAME The name of the corpora	Fill-A-Basket Inc.		<u>.</u>	
ARTICLE II PRIN	Principal street address	Mailing addr	Mailing address, if different is:	
220 SE 12th Street Deerfield Beach, FL	33441		2 2	
	OSE the corporation is organized is: Retall, On	line Sales		
	f stock is:			
ARTICLE V INITI	AL OFFICERS AND/OR DIRECTORS Jacquellne A. Bomfim, President le:	Name and Title:		
Name and Title	220 SE 12th Street			
	Deerfield Beach, FL 33441			
) (m)				
Name and Litt	c:	Address:		
,,,,,,,,,				
		<u> </u>		
Name and Titl	c:	Name and Title:		
Address		Address:		
		<u></u>		

Name a	and Title:	Name and Title:
Addre.	35	Address:
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptab	alc) of the registered attent it!
Name:	Jacqueline A. Bomfim	or the registered agent is.
Address:	220 SE 12th Street	
	Deerfield Beach, FL 33441	<u></u>
ARTICLE VII	INCORPORATOR	1 5 TO 1
The name and	address of the Incorporator is:	~~ ,
Name:	Jacqueline A. Bomfim	<u></u>
Address:	220 SE 12th Street	<u> </u>
	Deerfield Beach, FL 33441	<u> </u>
Effective date.	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and c	. (OPTIONAL) annot be more than five days prior or 90 days after the
Note: If the dathe document's	ite inserted in this block does not meet the applie effective date on the Department of State's reco	cable statutory filing requirements, this date will not be listed as ords.
Having heen no this certificate,	amed as registered agent to accept service of pr I am familiar with and accept the appointment	ocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
	Required Signature/Registered Agent	09-06-2018
	Required Signature/Registered Agent	Date
I submit this d	ocument and affirm that the facts stated herein c Department of State constitutes a third degree	are true. I am aware that the false information submitted in felony as provided for in s.817.155, F.S.
	00.0-	09-06-2018
Req	juired Signature/Incorporator	Date