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.

(((H18000260825 3)))



H180002608253ABC%

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

Fromt

Account Name : FASTKIT CORP Account Number : I20100000009 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 TIAS ALL INSURANCE CORP

71	O
.~!	ا ـ
<u></u>	:
 	•
1	
<u></u>	

87

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Hiling Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION LAS TIAS ALL INSURANCE CORP

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Article of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

LAS TIAS ALL INSURANCE CORP

The principal place of business of this corporation shall be:

1106 SW 8TH ST MIAMI FL 33130

ARTICLE II NATURE OF BUSINESS

This corporation may engage in of transact any or all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory of nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 Shares at \$1.00 par Value

ARTICLE VI INCORPORATOR(S)

The name (s) and street address (es) of the incorporator(s) to this articles of incorporation is (are)

PRESIDENT

DELFINA LOPEZ

1106 SW 8TH ST

V-PRESIDENT

MIAMI FL 33130 LIDA STANIGAR 1106 SW 8TH ST MIAMI FL 33130

IN WITNESS WHEREOF, The undersigned incorporator(s) has (have) executed these articles of incorporation this SEPTEMBER 3RD 2018

Signature(s) of incorporator(s)

DELFINÁ LÓPEZ

LIDA STANIG

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually

ARTICLE V OFFICERS DIRECTOR

The name(s) and street address (es) of the initial officer (s) and director(s) if any, who shall hold office the first year of the corporation's existence of until their successor(s) is (are) elected, is (are):

PRESIDENT

DELFINA LOPEZ 1106 SW 8TH ST MIAMI FL 33130

V-PRESIDENT

LIDA STANIGAR 1106 SW 8TH ST MIAMI FL 33130

<u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation: LAS TIAS ALL INSURANCE CORP

The name and address of the registered agent and office is

PRESIDENT

DELFINA LOPEZ 1106 SW 8TH ST MIAMI FL 33130

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE

973/18