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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6391

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
LKAP, Corp

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

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Corporate Filing Menu

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N. SAMS

SEP 27 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: LKAP, Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address
6610 Indian Creek Apt 305
Miami Beach, FL 33141

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sales & Marketing

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Kchayias, President

Name and Title: _____

Address 6610 Indian Creek Apt 305
Miami Beach, FL 33141

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: Lisa Kchayias
Address: 6610 Indian Creek Apt 305
Miami Beach, FL 33141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa Kchayias
Address: 6610 Indian Creek Apt 305
Miami Beach, FL 33141

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


Required Signature/Registered Agent

09/25/2018
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.


Required Signature/Incorporator

09/25/2018
Date

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