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.

(((H19000015833 3)))



H190000158333ABC/

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 : (350) 617-6381

From:

Account Name : FASTKIT CORP Account Number : 120100000009

Phone : (305)599-0839

Fax Number : (305)592-9591

. !

\*\*Enter the smail address for this business entity to be used for future annual report mailings. Enter only one small address please. \*\*

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION

EUSKAL Property Management, Inc.

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

N. SAMS

 $\Box$ 

JAN 1 5 2019

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAM The name of the corpo		nagement, Inc.	
ARTICLE II PRI	Principal street address	Mailing address, if d	liffcrent is:
3000 Coral Way Suit Coral Gables, FL 331		Same	-
Corai Gables, PC 331	143	Saule	
			.,
ARTICLE III PUR The purpose for which	POSE h the corporation is organized is:	erty Management	
			***\$
			·
			171
			Ço
		<del>-</del> -	0
ARTICLE IV SHA	IRES 100		
The number of shares	of stock is:	<del></del>	
ADTICI E V INT	TIAL OFFICERS AND/OR DIRECTO	D.C.	
ANTICLE F INT			
Name and T		Name and Title:	
Address	3000 Cora! Way, Suite 917	Address:	
	Coral Gables, FL 33145		
		· · · · · · · · · · · · · · · · · · ·	
		<del></del>	
Name and Ti	tle:	Name and Title:	
Address		Address:	
77(4,16			
			<del></del>
Name and Tir	ie:	Name and Title:	
Address		Address:	
	<u> </u>		
		<del></del>	
	ļ		

Name s	and Title:		Name and Title:
Address			Address:
ARTICLE VI	REGIS?	ERED AGENT	
The name and l	Florida ar	rcet address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Alber	A. Rincon	(.)
441	3000	Coral Way Suite 917	<del>-</del>
Address:			
	Coral	Gables, FL 33145	• *
ARTICLE VII	INCOR.	ORATOR	, ()
The name and a	ddress of	the Incorporator is:	
		ert A. Rincon	•
Name:	<del></del> -		_
Address:	30	00 Coral Way Suite 917	
	Co	al Gables, FL 33145	<b></b>
			<del>-</del>
ADTICLE 1011			
ARTICLE VIII Effective date, if	other the	Later de la francia	
(If an effective d	late is list	ed, the date must be specific and canno	ot be more than five days prior or 90 days after the
iling.)		,	or those than five days print or 90 days after the
Note: If the date	inserted	E this block does not meet the applicable	statutory filing requirements, this date will not be listed as
he document's et	ffective d	ate on the Department of State's records.	statutory nimg requirements, this date will not be listed as
faving been nam his certificate Te	ed as reg	istered agent to accept service of process	s for the above stated corporation at the place designated in
	m jumiii	or with and accept the appointment us reg	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
		anti-	01/10/2019
		Required Signature Registered Agent	Date
submit this docu	ment an	d officer that the from several but	
ocument to the D	срагите:	t of State constitutes a third degree felong	y as provided for in s.817.155. F.S.
	The state of the s	1) giran	
Require	ed Signat	J. Vincorporator	01/10/2019
			Date
	``		