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.

(((H19000037636 3)))



H190000376363ABC2

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 : 120100000009 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.

Fmail	Address:						

FLORIDA PROFIT/NON PROFIT CORPORATION CYCLO INTERNATIONAL CORP.

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

SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

۲.

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

TICLE I NAME name of the corpor		IATIONAL CORP.	
TICLE II PRIN	CIPAL OFFICE Principal <u>street</u> address	Mailing address, if differ	ent is:
37 NW 41 ST SU	TTE #1033	9737 NW 41 ST SUITE #1033	
DRAL, FL. 33178		DORAL, PL. 33178	
TICLE III PURF purpose for which	OSE the corporation is organized is:	FING SERVICES	
number of shares o	f stock is:	/ALUE	
TICLE V INJTI	AL OFFICERS AND/OR DIRECTORS MATIAS DE LA FLIENTE P/S/T		
number of shares o	AL OFFICERS AND/OR DIRECTORS MATIAS DE LA FLIENTE P/S/T	Name and Title:	
TICLE V INITE Name and Tit	f stock is: AL OFFICERS AND/OR DIRECTORS MATIAS DE LA FUENTE, P/S/T le:	Name and Title:	
TICLE V INITI Name and Tit Address	f stock is: AL OFFICERS AND/OR DIRECTORS DE: MATIAS DE LA FUENTE, P/S/T 9737 NW 41ST ST SUITE #1033 DORAL, FL. 33178	Name and Title: Address: Name and Title:	

Name and Title:		Name and Title:				
Addre	55	Address:				
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of MATIAS DE LA FUENTE 9737 NW 41 ST SUITE 1033 DORAL, FL. 33178	of the regi stered agent is: 				
The name and	INCORPORATOR address of the Incorporator is: CABANAS & ASSOCIATES, P.A.					
Name: Address:	8350 NW 52 TERRACE - SUITE #208 DORAL, FL. 33166	 				
Effective date, (If an effective filing.) Note: If the da		. (OPTIONAL) of be more than five days prior or 90 days after the e statutory filing requirements, this date will not be listed as				
Having heen ni		is for the above stated corporation at the place designated in igistered agent and agree to act in this capacity				
	Required Signature/Registered Agent	JAN, 31, 2019 Date				
i submit this de document to the	<u> </u>	true. I am aware that the false information submitted in a				
	XXX Colleums	JAN. 31, 2019				
Reg	lired Signature/Incorporato:	Date				

.