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To:

Division of Corporations Fax Number : (850)617-6381

From:

Account Name	:	FASTKIT CORP
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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.

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FLORIDA PROFIT/NON PROFIT CORPORATION Element 78, Inc.

Estimated Charge \$78.75

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

	INCIPAL OFFICE Principal street address	. Ma	iling address, if d	ifferent is:	
25 NW 17th Av	епце	Same			
ami Gardens, FL	33056				
<u>TICLE III PU.</u> purpose for whi	RPOSE Driv ch the corporation is organized is:	er			
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	TIAL OFFICERS AND/OR DIRECTO				
TICLE V INT	TIAL OFFICERS AND/OR DIRECTO	RS			
TICLE V INT	TTAL OFFICERS AND/OR DIRECTOR itle: Emest Rodriguez, President 17225 NW 17th Avenue	RS Name and Title:			
TICLE V INT	TIAL OFFICERS AND/OR DIRECTOR itle: Ernest Rodriguez, President 17225 NW 17th Avenue	RS Name and Title:			
TICLE V INT	TTAL OFFICERS AND/OR DIRECTOR itle: Emest Rodriguez, President 17225 NW 17th Avenue	<u>RS</u> Name and Title: Address:			
<u>TICLE V INF</u> Name and T Address	TIAL OFFICERS AND/OR DIRECTOR itle: Ernest Rodriguez, President 17225 NW 17th Avenue Miami Gardens, FL 33056	<u>RS</u> Name and Title: Address: 			
Name and T Address	TTAL OFFICERS AND/OR DIRECTOR itle: Emest Rodriguez, President 17225 NW 17th Avenue Miami Gardens, FL 33056	RS Name and Title: Address: Address: Name and Title:			
Name and T Address Name and Ti	TTAL OFFICERS AND/OR DIRECTOR itle: Ernest Rodriguez, President 17225 NW 17th Avenue Miami Gardens, FL 33056 tle:	RS Name and Title: Address: Address: Name and Title:			
Name and T Address Name and Ti	TTAL OFFICERS AND/OR DIRECTOR itle: Ernest Rodriguez, President 17225 NW 17th Avenue Miami Gardens, FL 33056 tle:	RS Name and Title: Address: Address: Name and Title:			
<u>DICLE V INF</u> Name and T Address Name and Ti Address	ITAL OFFICERS AND/OR DIRECTOR ittle: Ernest Rodriguez, President 17225 NW 17th Avenue Miami Gardens, FL 33056 ttle:	RS			· · · · · · · · · · · · · · · · · · ·
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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:	Emest Rodrignez
Address:	17225 NW 17th Avenue
	Miami Gardens, FL 33056

ARTICLE YTI INCORPORATOR

The name and address of the Incorporator is:

Name:	Emest Rodriguez	
Address:	17225 NW 17th Avenue	
	Miami Gardens, FL 33056	

<u>ARTICLE VIII EFFECTIVE DATE:</u> 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/Required Agent

6-24-19

I submit this document and affirm that the facts stated herein are true. I am aware that the faise information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

e Required Signature/Incorporator

6-24-19 Date

Date