Division of Corporations

## Florida Department of State Classes Constants Electronic Units Cover the

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.

(((H19000197296 3)))



H190001972983ABCB

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.\*\*

Email Address:

JULI 25 PH 3:0

## FLORIDA PROFIT/NON PROFIT CORPORATION OCASO CORP

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

2019 JUN 25 AM 10: 30
SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 26 2019

## TICHO

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

name of the corpo			•
TICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:	
ian <u>Lopez a</u> i			
WEST 18 AVB	APT S-216		
LEAH, FL, 3301	2		
101 E III VID	POSE		Henry Droves
purpose for which	POSE FILMING A the corporation is organized is:	ND EDITING OF AIDEOS	USING DRONES
•	·	•	
		,	
			•
			·
			75. SE 201
			SECRE TALLAH
ICLE IV SHA	RES 100 PER VALUE \$ 1.00		SECRETA TALLAHAS
CLE IV SHA	RES 100 PER VALUE \$ 1.00 of stock is:	·	SECRETARY TALLAHASSEE
number of shares	of stock is:  IAL OFFICERS AND/OR DIRECTORS	· · · · · · · · · · · · · · · · · · ·	25 SEE.
number of shares	of stock is:  IAL OFFICERS AND/OR DIRECTORS	Name and Title:	25 AH RY OF S SEE. FL
CLE V INII  Name and Ti	of stock is:  IAL OFFICERS AND/OR DIRECTORS	Name and Title:	25 AH 40 RY OF STA SEE. FLOA
number of shares	of stock is:  LAL OFFICERS AND/OR DIRECTORS  ADRIAN LOPEZ ALONSO 50 %	Name and Title:Address:	25 AH 10: RY OF STATESEE. FLORI
CLE V INII  Name and Ti	ADRIAN LOPEZ ALONSO 50 %  6095 W 18 AVE APT S-216		25 AH 40 RY OF STA SEE. FLOA
CLE V INII  Name and Ti	ADRIAN LOPEZ ALONSO 50 %  6095 W 18 AVE APT S-216		25 AH 40 RY OF STA SEE. FLOA
Name and Ti	ADRIAN LOPEZ ALONSO 50%  6095 W 18 AVE APT S-216  HIALEAH, FL, 33012 (DIRECTOR)  YENISEL GONZALEZ RODRIGIEZ.	Address:	25 AH 40 RY OF STA SEE. FLOA
CLE V INII  Name and Ti	ADRIAN LOPEZ ALONSO 50 %  6095 W 18 AVE APT S-216  HIALEAH, FL, 33012 (DIRECTOR)  YENISEL GONZALEZ RODRIGUEZ		25 AH 40 RY OF STA SEE. FLOA
Name and Ti	ALL OFFICERS AND/OR DIRECTORS ADRIAN LOPEZ ALONSO 50 % 6095 W 18 AVE APT S-216 HIALEAH, FL, 33012 (DIRECTOR)  YENISEL GONZALEZ RODRIGUEZ 6095 W 18 AVE APT S-216 50%	Address:  Name and Title:  Address:	25 AH 40 RY OF STA SEE. FLOA
Name and Tit	ADRIAN LOPEZ ALONSO 50 %  6095 W 18 AVE APT S-216  HIALEAH, FL, 33012 (DIRECTOR)  YENISEL GONZALEZ RODRIGUEZ	Address:  Name and Title:  Address:	25 AH 40 RY OF STA SEE. FLOA
Name and Tit	ALL OFFICERS AND/OR DIRECTORS ADRIAN LOPEZ ALONSO 50 % 6095 W 18 AVE APT S-216 HIALEAH, FL, 33012 (DIRECTOR)  YENISEL GONZALEZ RODRIGUEZ 6095 W 18 AVE APT S-216 50%	Address:  Name and Title:  Address:	25 AH 40 RY OF STA SEE. FLOA
Name and Tit	ALL OFFICERS AND/OR DIRECTORS ADRIAN LOPEZ ALONSO 50 % 6095 W 18 AVE APT S-216 HIALEAH, FL, 33012 (DIRECTOR)  YENISEL GONZALEZ RODRIGUEZ 6095 W 18 AVE APT S-216 50%	Address:  Name and Title:  Address:	25 AH 40 RY OF STA SEE. FLOA
Name and Titl Address	ALL OFFICERS AND/OR DIRECTORS ADRIAN LOPEZ ALONSO 50 % 6095 W 18 AVE APT S-216 HIALEAH, FL, 33012 (DIRECTOR)  YENISEL GONZALEZ RODRIGUEZ 6095 W 18 AVE APT S-216 50% HIALEAH, FL, 33012 (VICE-DIRECTOR)	Address:  Name and Title:  Address:	25 AH 40 RY OF STA SEE. FLOA
Name and Tit	ALL OFFICERS AND/OR DIRECTORS  ADRIAN LOPEZ ALONSO 50 %  6095 W 18 AVE APT S-216  HIALEAH, FL, 33012 (DIRECTOR)  YENISEL GONZALEZ RODRIGUEZ  6095 W 18 AVE APT S-216 50%  HIALEAH, FL, 33012 (VICE-DIRECTOR)	Address:  Name and Title:  Address:	25 AH 40 RY OF STA SEE. FLOA

Name and	Title:	Name and Title:
Address		Address:
	•	
	EGISTERED AGENT	A Substitute of
Inc marne and Fin	<del>rida street address</del> (P.O. Box NOT acceptal ADRIAN LOPEZ ALONSO	or or the registered agent is:
Name:	4	·
Address:	6095 W 18 AVE APT S-216	<u> </u>
	HIALEAH, FL, 33012	
		·
ARTICLE VII II	NCORPORATOR .	
The name and add	lress of the Incorporator is:	
Name:	ADRIAN LOPEZ ALONSO	·
Address:	6095 W 18 AVE APT S-216	<del></del>
	HIALBAH, FL, 33012	<u> </u>
ARTICLE VIII E	EFFECTIVE DATE:	<i>,</i>
	her then the date of filing:	
filing.)	w notes, the date must be spectife and ci	mint of more man use days prior or yo days after the
Note: If the date in the document's offer	serted in this block does not meet the applicative date on the Department of State's recon	able statutory filing requirements, this date will not be listed as
Having been named this certificate, Lynn	d as registered agent to accept service of pro familiar with and accept the appointment as	cess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
100		6-19-19
. 7	Required Signature/Registered Agent	Date
I submit this document to the Dep	nent and affirm that the facts stated herein partment of State constitutes a third degree fi	are true. I am aware that the false information submitted in a clony as provided for in 1.817.155, F.S.
and the same		6-19-19
Required	Signature/Incorporator	Date