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.

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To:	Division of Corporations	
	Fax Number : (850)617-6381	
From:	•	
	Account Name : FASTKIT CORP	
	Account Number : I20100000009 Phone : (305)599-0839	
	Fax Number : (305)592-9591	
_	nnual report mailings. Enter only one email address please.** mail Address:	:
E:		:
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E (FLORIDA PROFIT/NON PROFIT CORPORATION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Corporate Filing Menu

JUL 0 9 2019

Help

Electronic Filing Menu

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

ARTICLE I NAME					
The name of the corpora ARTICLE II PRINCE		Mailing address	Malling address, if different is:		
255 Gardenia street					
Tavernier, FL. 33070					
or business under the la	he corporation is organized is:	s corporation may engage or transact in an	r nation.		
			20		
ARTICLE IV SHARI The number of shares of	<u>3S</u> 1000		258 EX		
	LOFFICERS ANDIOR DIRECTO Kevin OHara Presiedent	*	: :::::::::::::::::::::::::::::::::::::		
Name and Title Address	255 Gardenia strect	Name and Title: Address:			
	Tavornicr, FL. 33070				
Name and Title:		Name and Title:			
Address		Address:			
	·				
Name and Title:		Name and Title:			
Address		Address:			

Name and Title:		Name and Title:		
Address		Address:		
ARTICLE VI R	EGISTERED AGENT wida street address (P.O. Box NOT acceptable)			
Name:				
Address:	Kevin Ohara 255 Gardenia Street			
	Taxesnies, FL 33070			
ARTICLE VII _ []	NCORPORATOR			
The name and add	tress of the Incorporator is:			
Name:	Kevin Ohera			
Address:	255 Gardenia street	-		
	Taycrnier, FL. 33070	_		
Effective date, if or	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and cannot	. (OPTIONAL) at be more than five days prio	or or 90 days after the	
Note: If the date in the document's offer	serted in this block does not meet the applicable serive date on the Department of State's records.	statutory filing requirements, t	his date will not be listed as	
laving been names his certificate, I am	d as registered agent to accept service of process a familiar with and accept the appointment as reg	for the above stated corporati istered agent and agree to act i	on at the place designated in in this expacity	
			7/0/10	
Require	Signature/Incorporator		1/8/19 Date	
submit this docum ocument to the De	nent and affirm that the facts stated herein are ourtment of State constitutes a third degree felon	trus. I am aware that the false was provided for in s.817.155, i	/ 7 r information submitted in a FS.	
			Molin	
Required	Signature/Incorporator			