

07/05/2019

Division of Corporations

P19000057776

Florida Department of State
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.

(((H19000223703 3)))



H190002237033ABC.

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 : I20100000009
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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
PARRA MATA MULTISERVICE, CORP.**

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

RECEIVED
19 JUL 25 AM 12:25
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. PAGE

JUL 26 2019

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

ARTICLE I NAME

The name of the corporation shall be: PARRA MATA MULTISERVICE, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7950 NW 53RD ST. - STE #342

7950 NW 53RD ST. - STE. #342

MIAMI, FL. 33166

MIAMI, FL. 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CUSTOMS & LOGISTICS SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1,000 SHARES AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE E. PARRA ORTEGA, PR.

Name and Title: ZORAIDA ROMERO DE PARRA, VP

Address: 7950 NW 53RD ST. - STE #342

Address: 7950 NW 53RD ST. - STE #342

MIAMI, FL. 33166

MIAMI, FL. 33166

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 REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CABANAS & ASSOCIATES, P.A.
Address: 8350 NW 52ND TERRACE
DORAL, FL. 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CABANAS & ASSOCIATES, P.A.
Address: 8350 NW 52ND TERRACE
DORAL, FL. 33166

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: N/A (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/Registered Agent

JULY 25, 2019

Date

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



Required Signature/Incorporator

JULY 25, 2019

Date