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Florida Department of State
Division of Corporations
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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
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Email Address: _____

2019 AUG 19 PM 4:00
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION CORPORACION DAKA, CORP.

Certificate of Status	0
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Corporate Filing Menu

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N. SAMS

AUG 20 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: CORPORACION DAKA, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9600 NW 25TH STREET - SUITE #5E

9600 NW 25TH STREET - SUITE #5E

DORAL, FL. 33172

DORAL, FL. 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FINANCIAL 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: FALLES R. MAHMOUD DAGGAK, PR

Name and Title: _____

Address 9600 NW 25TH ST. - STE. #5E

Address: _____

DORAL, FL. 33172

Name and Title: MARHUAN F. DAGGAK HASAN, V.P.

Name and Title: _____

Address 9600 NW 25TH ST. - STE. #5E

Address: _____

DORAL, FL. 33172

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

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 TERR. - STE. #208
DORAL, FL. 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CABANAS & ASSOCIATES, P. A.
Address: 8350 NW 52ND TERR - STE. #208
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

AUGUST 14, 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

AUGUST 14, 2019

Date

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