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.

(((H19000270123 3)))



Nd	te: 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	: <u></u>	
-------	---------	-----------	--

## FLORIDA PROFIT/NON PROFIT CORPORATION ISLA FASHION REY CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help D O'KEEFE SEP i 0 2019

ر. ز.

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

TICLE II PRI	NCIPAL OFFICE Principal street address	Mailing add	Mailing address, if different is:		
43 PINEAPPLE V	VAY	1143 PINEAPPLE WAY			
SSIMMEE, FL 34	.74i	KISSIMMEE, FL 34	KISSIMMEE, FL 34741		
TICLE III PUR	h the corporation is organized is:  STORE				
_					
TICLE AY SHA	IRES 100 SHARES		· · · · · · · · · · · · · · · · · · ·		
TICLE V INTI	IRES 100 SHARES of stock is:  TAL OFFICERS AND/OR DIRECTORS		- 238 61.		
TICLE V INTI	TIAL OFFICERS AND/OR DIRECTORS itle: REYVIS PEREZ RIVES	Name and Title:	SEP -9		
TICLE V INTI	TIAL OFFICERS AND/OR DIRECTORS ide: REYVIS PEREZ RIVES 1143 PINEAPPLE WAY	Name and Title:	SEP -9		
TICLE V INT	TIAL OFFICERS AND/OR DIRECTORS itle:  LI43 PINEAPPLE WAY	Name and Title:	S 5 -9		
Name and T Address	FIAL OFFICERS AND/OR DIRECTORS itle: REYVIS PEREZ RIVES  1143 PINEAPPLE WAY  KISSIMMEE, FL 34741  PRESIDENT (100 SHARES)	Name and Title:Address:	200 - 100 -		
Name and T Address	FIAL OFFICERS AND/OR DIRECTORS itle: REYVIS PEREZ RIVES  1143 PINEAPPLE WAY  KISSIMMEE, FL 34741  PRESIDENT (100 SHARES)	Name and Title:	SEP +9 AH 00:		
Name and T  Address  Name and Tit	FIAL OFFICERS AND/OR DIRECTORS itle: REYVIS PEREZ RIVES  1143 PINEAPPLE WAY  KISSIMMEE, FL 34741  PRESIDENT (100 SHARES)	Name and Title:	200 - 100 -		
Name and T Address  Name and Tit Address	FIAL OFFICERS AND/OR DIRECTORS itle: REYVIS PEREZ RIVES  1143 PINEAPPLE WAY  KISSIMMEE, FL 34741  PRESIDENT (100 SHARES)	Name and Title:  Address:  Name and Title:  Address:	2		

Name	and Title:	Name and Title:	Name and Title:		
Addre	ess	Address:			
ARTICLE VI	REGISTERED AGENT				
Name:	Florida street address (P.O. Box NOT accep REYVIS PEREZ RIVES	izole) of the registered agent is:			
Address:	1143 PINEAPPLE WAY				
Address:	KISSIMMEE, FL 34741				
ARTICLE VII	INCORPORATOR		19 SEP		
The name and	address of the Incorporator is:		16. L		
Name:	REYVIS PEREZ RIVES		P - 9 - 241. C		
Addr <del>es</del> s:	1143 PINEAPPLE WAY	<del></del>	T		
	KISSIMMEE, FL 34741	<del></del>	3 - 9		
Effective date, (If an effective filing.)  Note: If the date	if other than the date of filing:  c date is listed, the date must be specific and  ate inserted in this block does not meet the apple of the date on the Department of State's re-	dicable statutory filing requiremen	L) prior or 90 days after the		
Having been this certificate	named as registered agent to accept service of , I am familiar with and accept the appointme	f process for the above stated corp. nt as registered agent and agree to	oration at the place designated in act in this capacity		
~ <del>77</del>			SEPTEMBER 07, 2019		
	Required Signature/Registered Ag	gent	Date		
I submit this document to the	document and affirm that the facts stated he he Department of State constitutes a third degi	rein are true. I am aware that the ree fetony as provided for in s.817	false information submitted in a 155, F.S.		
Z PA			SEPTEMBER 07, 2019		
Re	quired Signature/Incorporator	· ·	Date		