

10/24/2019

Division of Corporations

**PI 9000080447**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H19000315621 3)))



H190003156213ABC

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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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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
SAN MARINO INTERNATIONAL GLOBAL CORP**

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

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Corporate Filing Menu

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Oct 28 2019 15:15 HP Fax  
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October 25, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FASTKIT CORP

SUBJECT: SAN MARINO INTERNATIONAL GLOBAL CORP  
REF: W19000094694

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE ARTICLES OF INCORPORATION MUST INDICATE A PURPOSE FOR THE ORGANIZATION BEING FILED.

If you have any further questions concerning your document, please call (850) 245-6052.

Shondra M Bellenger  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H19000315621  
Letter Number: 819A00022076

P.O BOX 6327 - Tallahassee, Florida 32314

**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: SAN MARINO INTERNATIONAL GLOBAL CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2341 NW 7TH ST

2341 NW 7TH ST

MIAMI FL 33125

MIAMI FL 33125

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAW FULL BUSINESS

**ARTICLE IV SHARES** 100 SHARES @ \$10.00 EACH  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>GUSTAVO A MIGLIORI ALONSO</u>	Name and Title:	<u>PRESIDENT</u>
Address	<u>2341 NW 7TH ST</u>	Address:	_____
	<u>MIAMI FL 33125</u>		_____
	_____		_____
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: TAP SOLUTIONS INC  
Address: 2341 NW 7TH ST  
MIAMI FL 33125

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: GUSTAVO A MIGLIORI ALONSO  
Address: 2341 NW 7TH ST  
MIAMI FL 33125

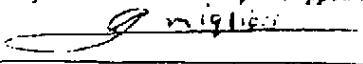
**ARTICLE VIII EFFECTIVE DATE:** 10/23/2019

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

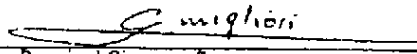
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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 Agent10/23/19  
\_\_\_\_\_  
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/Incorporator10/23/19  
\_\_\_\_\_  
Date