

P19000087385

Florida Department of State
Division of Corporations
Record Keeping Sheet

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(((H19000339281 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP
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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.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
COMPUMAX ORIENTE, C.A INC**

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

SECRET
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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November 22, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: COMPUMAX ORIENTE, C.A. INC
REF: W19000102328

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 document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Marti Simmons
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000339281
Letter Number: 519A00023979

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

ARTICLE I NAME COMPUMAX ORIENTE, C.A. INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address _____

Mailing address, if different is: _____

2341 NW 7TH ST

MIAMI FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL 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: PRESIDENT

Name and Title: PRESIDENT

Address: JAIME F. PEREZ ORTEGA

Address: PEDRO D PEREZ MONCADA

2341 NW 7TH ST

2341 NW 7TH ST

MIAMI FL 33125

MIAMI FL 33125

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:

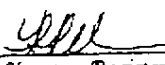
Name: YUVANIA GUARDIOLA
 Address: 2341 NW 7TH ST
 MIAMI FL 33125

ARTICLE VIII EFFECTIVE DATE:

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 Agent

11/19/2019

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

11/19/2019

Date