Division of Corporations

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To:

Division of Corporations

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From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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ar	ınual	report	t mailin	gs.	Enter	only	one	email	addr	`ess	plea	ase.	••	

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FLORIDA PROFIT/NON PROFIT CORPORATION CJAK, Inc.

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME corporation shall be: CJAK Inc		
	•		
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing addre	ess, if different is:
1015	5 NE 17th Court	SAME	
Pt	Lauderdale, FL 33305		
ARTICLE III	PURPOSE which the corporation is organized is: <u>Lega</u>	1/Consulting	
The purpose for	which the corporation is organized in <u>19948</u>	<u> </u>	
			<u></u>
ARTICLE IV	SHARES 100 shares of stock is:		
7			
APTICIE	INITIAL OFFICERS AND/OR DIRECTORS	7	2020 SEC TA
Name	and Title: Carl L. Kitchner Pre	sidehime and little:	FR A
Addre	1015 NE 17th Court	Address:	——————————————————————————————————————
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	Ft. Lauderdale, FL 33	305	ma I
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			IAIE
	and Title:	Name and Title:	H
Name			
Addr	ress	Address:	
			
	e and Title:	Name and Title:	
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Name a	nd Title:	Name and Title:	
Addres			
ARTICLE VI	REGISTERED AGENT	en e	
The name and	Florida street address (P.O. Box NOT acceptable) o	the registered agent is:	
Name:	Carl L. Kitchner	_	
Address:	1015 NE 17th Court		
	Pt. Lauderdale, FL 33305	_	
ARTICLE VI	INCORPORATOR		
	address of the Incorporator is:		- -
Name:	Carl L. Kitchner	_	2020 SEC
Address:	1015 NE 17th Court	_	2020 JAN-2 SECRETARY STALLAHA
	Ft. Lauderdale, FL 33305	_	N-2 A
			AMII OF S SSEE.
	IT EFPECTIVE DATE: if other than the date of filing:	. (OPTIONAL)	
(If an effective filing.)	, if other than the date of filing:	not be more than five days prior	or 90 day wer the
Note: If the	tate inserted in this block does not meet the applicable of the on the Department of State's record	le statutory filing requirements, th	nis date will not be listed as
			nt the place designated in this
Having been certificate, I	named as registered agent to accept service of process in familiar with and accept the appointment as regis	s for the above stated corporation a tered agent and agree to act in this	capacity
	20218		12/30/19
	Required Signature/Registered Agent		Date
I submit this	document and affirm that the facts stated herein a the Department of State constitutes a third degree fel	re true. I am aware that the false onv as provided for in s.817.155, F	: information submitted in a . F.S.
aocumeni lo	The Department of State Consumers a one a digital for		12/30/10
Required Sig	nature/Incorporator	Date	
1			