

1/21/2020

Division of Corporations

P20000003560

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Cortes Diaz Meat, Inc.

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

JAN 22 2020

T. SCOTT

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CORPORATIONS
COMMERCIAL
SERVICES

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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: **Cortes Diaz Meat, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1210 West Broad St.

1210 West Broad St.

Groveland, Fl. 34736

Groveland, Fl. 34736

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Meat Market and Bakery**

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: **Florinda Diaz, - Pr.**

Name and Title:

Address

1210 West Broad St.

Address:

Groveland, Fl. 34736

Name and Title: **Jose M. Cortes, - V.P**

Name and Title:

Address

1210 West Broad St.

Address:

Groveland, Fl. 34736

Name and Title:

Name and Title:

Address

Address:

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FILED

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 Terrace Suite 208
Doral, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cabanas & Associates, P.A.
 Address: 8350 NW 52nd Terrace Suite 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

 Date 1/20/2020

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

 Date 1/20/2020