

2/19/2020

Division of Corporations

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
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FLORIDA PROFIT/NON PROFIT CORPORATION

Pineda Creation Inc

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

FILED

2020 FEB 19 AM 2:49

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Pineda Creation IncARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address

Mailing address, if different is:

2779 NW 4 terrace.
Miami FL 33125Same.ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all Lawful business.ARTICLE IV SHARESThe number of shares of stock is: 100 share @ \$10.00 eachARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Roberto Pineda Pte Name and Title: _____Address: 2779 NW 4 terrace. Address: _____
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: Roberto Pineda
 Address: 2779 NW 4 terrace
Miami FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roberto Pineda
 Address: 2779 NW 4 terrace
Miami FL 33125

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/19/20 (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

[Signature]
 Required Signature/Registered Agent

02/19/20
 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.

[Signature]
 Required Signature/Incorporator

02/19/20
 Date

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 SECRETARY
 ATLANTA