4/2/2020 Division of Corporations

P20000027720

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000099468 3)))

H20000099468ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2020 APR -2 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: _____

2020 APR -2 PM 2:01

FLORIDA PROFIT/NON PROFIT CORPORATION
ELEVATOR CABS AND INTERIORS, CORP.

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

Electronic Filing Menu Corporate Filing Menu Help

4/3/2020

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: ELEVATOR CABS AND INTERIORS, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
8321 NW 166TH TERRACE	
MIAMI LAKES, FL. 33016	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: CONSULTING, SERVICES,ANY AND ALL LAWFUL BUSINESS

FILED
2020 APR -2 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	OFELIA B. DE CORO P/D	Name and Title:	JOR LUIS GOMEZ-CORDERO VP/D
Address	8321 NW 166TH TERRACE	Address:	13016 SW 49TH STREET
	MIAMI LAKES, FL. 33016		MIAMI, FL. 33175
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: OFELIA B. DE CORO

Address: 8321 NW 166TH TERRACE

MIAMI LAKES, FL. 33016

FILED
2020 APR -2 AM 10: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: OFELIA B. DE CORO

Address: 8321 NW 166TH TERRACE

MIAMI LAKES, FL. 33016

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

Ofelia B DeCoro

Required Signature/Registered Agent

04/02/2020

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.

Ofelia B DeCoro

Required Signature/Incorporator

04/02/2020

Date