

4/2/2020

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 annual report mailings. Enter only one email address please.****

Email Address: _____

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

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

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2020 APR -2 AM 10:26

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John
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 OFFICEPrincipal street address

8321 NW 168TH TERRACE
MIAMI LAKES, FL. 33016

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: OFELIA B. DE CORO P/DName and Title: JOR LUIS GOMEZ-CORDERO VP/D

Address 8321 NW 168TH TERRACE
MIAMI LAKES, FL. 33016

Address: 13016 SW 48TH STREET
MIAMI, FL. 33175

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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

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 COROAddress: 8321 NW 166TH TERRACEMIAMI LAKES, FL. 33016SECRETARY OF STATE
TALLAHASSEE, FLORIDA

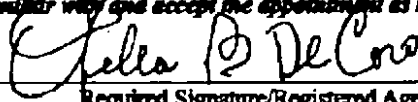
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ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: OFELIA B. DE COROAddress: 8321 NW 166TH TERRACEMIAMI LAKES, FL 33016**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

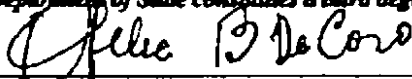
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.*

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.

Required Signature/Incorporator

04/02/2020

Date