

5/5/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P20000034049

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To:
Division of Corporations
Fax Number : (850)617-6381

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Account Name : FASTKIT CORP
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Phone : (305)599-0839
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
MUSICAL BOX INCORPORATED**

Certificate of Status	0
Certified Copy	1
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May 6, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: MUSICAL BOX INCORPORATED
REF: W20000044823

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please refax applications because the last page was blackout and was not able to read who is your registered agent nor signatures.

If you have any further questions concerning your document, please call (850) 245-6052.

Argolda Brown
Regulatory Specialist II
New Filing Section

FAX Aud. #: E20000132821
Letter Number: 620A00009315

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: MUSICAL BOX INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1643 BRICKELL AVENUE APT 705
MIAMI, FL 33129

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Paula Holguin Velasco, President, Secretary, Treasurer

Address: 1643 Brickell Avenue Apt 705
Miami, FL 33129

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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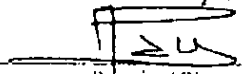
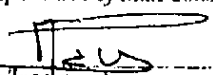
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Maria Paula Holguin VelascoAddress: 1643 Brickell Avenue Apt 705Miami, FL 33129ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: Maria Paula Holguin VelascoAddress: 1643 Brickell Avenue Apt 705Miami, FL 33129ARTICLE 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 Agent4/05/20
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. 17.155, F.S.*
Required Signature/Incorporator4/05/20
Date