

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.

((H20000181420 3)))



H200001814203ABCS

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

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
Tu Experiencia Broadway, Inc.

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

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAMEThe name of the corporation shall be: Tu Experiencia Broadway, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

407 Lincoln Road, Suite 9AMiami Beach, FL 33139**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Educational Travel Agency**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Marcelo Rosa, President

Name and Title: _____

Address 407 Lincoln Road, Suite 9A

Address: _____

Miami Beach, FL 33139Name and Title: Luciana Celeste Sacca, VP

Name and Title: _____

Address 407 Lincoln Road, Suite 9A

Address: _____

Miami Beach, FL 33139Name and Title: Maria E. Prado Conti, Treasurer

Name and Title: _____

Address 407 Lincoln Road, Suite 9A

Address: _____

Miami Beach, FL 33139

FILED
2020 JUN 15 PM 4:48
MICHIGAN

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: Luis Brito
Address: 407 Lincoln Road, Suite 9A
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marcelo Rosa
Address: 407 Lincoln Road, Suite 9A
Miami Beach, FL 33139

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
05/08/2020
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
05/08/2020
Date