Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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•	•	Division of Cor	porations	[AL
			: (850)617-6381	7
	From:			SSVH
		Account Name	: FASTKIT CORP	(V)
		Account Number	: 120100000009	(m) -
		Phone	: (305)599-0839	
	•	Fax Number	: (305)592-9591	
	*Enter 1	the email address	s for this business entity to be used for fu	ture -
			ngs. Enter only one email address please.**	cure -
	Ema	il Address: _		

FLORIDA PROFIT/NON PROFIT CORPORATION Alintech, Corp.

Certificate of Status	0
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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)

LE II PRIN	CIPAL OFFICE		
	Principal street address	N.	tailing address, if different is:
W 801 SI		-	
FL 33135			
CLE III PURP	OSE		
surpose for which	the corporation is organized is:		
and all lawfu	ll business		<u>-</u>
			
CIFIV SHAR	FC		
ICLE IV SHAR umber of shares of	ES rstock is: 100 Shares at \$1.00	par Value	
ICLE IV SHAR Lamber of shares of	r stock is: 100 Shares at \$1.00	par Value	
	stock is: 100 Shares at \$1.00	· Anne	
number of shares of	stock is: 100 Shares at \$1.00	· Anne	
umber of shares of	AL OFFICERS AND/OR DIRECT Abel Alexander Flores, Fee:	· Anne	
number of shares of	AL OFFICERS AND/OR DIRECT Abel Alexander Flores, F	· Anne	
CLE V INITA Name and Titl	AL OFFICERS AND/OR DIRECT Abel Alexander Flores, F	ORS President, Secretary Name and Tifle:	
CLE V INITA Name and Titl	AL OFFICERS AND/OR DIRECT Abel Alexander Flores, Formatter 1788 SW 8th St	ORS President, Secretary Name and Tifle:	
CLE V INITIA Name and Titl Address	AL OFFICERS AND/OR DIRECT Abel Alexander Flores, Formalist St. Miami, FL 33135	ORS President, Secretary Name and Tifle: Address:	
CLE V INTL Name and Titl Address	AL OFFICERS AND/OR DIRECT Abel Alexander Flores, Formatter 1788 SW 8th St	ORS President, Secretary Name and Tifle: Address:	
CLE V INTL Name and Titl Address	AL OFFICERS AND/OR DIRECT Abel Alexander Flores, Formalist St. Miami, FL 33135	ORS President, Secretary Name and Title: Address: Name and Title:	
CLE V INITIA Name and Titl Address	AL OFFICERS AND/OR DIRECT Abel Alexander Flores, Formalist St. Miarni, FL 33135	ORS President, Secretary Name and Title: Address: Name and Title:	
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CLE V INITIAL Name and Title Address Name and Title Address	AL OFFICERS AND/OR DIRECT Abel Alexander Flores, Fee: 1788 SW 8th St Miarni, FL 33135	ORS President, Secretary Name and Title: Address: Name and Title: Address:	
Name and Title: Name and Title: Name and Title:	AL OFFICERS AND/OR DIRECT Abel Alexander Flores, Formalist St. 1788 SW 8th St. Miarni, FL 33135	ORS President, Secretary Name and Title: Address: Name and Title: Address: Name and Title:	
Name and Title Address Address	AL OFFICERS AND/OR DIRECT Abel Alexander Flores, Fee: 1788 SW 8th St Miarni, FL 33135	ORS President, Secretary Name and Title: Address: Name and Title: Address: Name and Title:	

Name and Title:		Name and Title:		
Addre	35	Address:		
ARTICLE VI The pame and I	REGISTERED AGENT Florida street address (P.O. Box NOT accepta Abel Alexander Flores	able) of the registered agent is:		
Address:	1788 SW 8th St	·		
	Miami, FL 33135	A	2020	
ARTICLE VII INCORPORATOR		HASSE	2020 JUN 22	
The name and s	address of the Incorporator is:	بار المارين التي التي التي التي التي التي التي التي	<u></u>	
Name:	Abel Alexander Flores	_	ښ	
Address:	1788 SW 8th St		r.	
	Miami, FL 33135			
Effective date, i (If an effective filing.)		cannot be more than five days prior or 90 days after to		
Having been na certificate, I am	med as registered agent to accept service of pro familiar with and accept the appointment as n	ocess for the above stated corporation at the place designat egistered agent and agree to act in this capacity	ted in this	
	Required Signature/Registered Agen	08/16/2020 nt Date		
I submit this do document to the	cument and affirm that the facts stated herei Department of State constitutes a third degree	in are true. I am aware that the foice information on his	ttied in a	
		06/16/2020		
Required Signatu	ure/incorporator	Date		
	U			