

P200001965993

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.

(((H20000196599 3)))



H200001965993ABC8

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

2020 JUN 25 PM 4:31

20 JUN 25 PM 12:03

****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
LAS CUBANITAS INC**

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

J-DENNIS

JUN 26 2020

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: LAS CUBANTAS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
11125 TAFT DR PORT
RICHEY, FL 34668Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TRUCK FOOD SERVICES

20 JUN 25 PM 12: 02

ARTICLE IV SHARESThe number of shares of stock is: 100 PER VALUE \$ 1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ARIEL GARCIA (PRESIDENT)Address 11125 TAFT DR PORT 50 %
RICHEY, FL, 34668
_____Name and Title: BARBARA E VASALLO VICE-
PRESIDENTAddress: 11125 TAFT DR PORT 50%
RICHEY, FL, 34668

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: ARIEL GARCIA
Address: 11125 TAFT DR PORT
RICHEY, FL, 34668

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ARIEL GARCIA
Address: 11125 TAFT DR PORT
RICHEY, FL, 34668

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

6-25-20
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.817.155, F.S.



Required Signature/Incorporator

6-25-20
Date

20 JUN 25 PM 12:00