

Division of Corporations

P 2000058498
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
VEITIA'S TOWING & RECOVERY SERVICES INC**

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

2020 AUG -4 PM 1:25
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CORPORATIONS
GENERAL
SERVICES



August 4, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: VBITIA'S TOWING & RECOVERY SERVICES INC
REF: W20000084264

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.

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H20000258208
Letter Number: 420A00014557

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: VEITIA'S TOWING & RECOVERY SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

541 SW 71 CT.
MIAMI, FL. 33144

541 SW 71 CT.
MIAMI, FL. 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TOWING & RECOVERY SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YUSEL VEITIA PRESIDENT Name and Title: _____

Address 2745 W. 62 ND PL APT 203 Address: _____
HIALAHH, FL. 33016-5911

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: YUSEL VEITIA

Address: 541 SW. 71 CT.
MIAMI, FL. 33146

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YUSEL VEITIA

Address: 541 SW 71 CT.
MIAMI FL 33144

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8-3-20 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

[Signature] Required Signature/Registered Agent: _____ Date: 8-3-20

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. 817.135, F.S.

[Signature] Required Signature/Incorporator _____ Date: 8-3-20