

**P20000059186**

**Florida Department of State  
Division of Corporations  
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To:

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

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: \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

201908-5 PM 5:45

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
BAUTE ENTERPRISE INC**

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

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AUG 05 2020

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Corporate Filing Menu

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20 AUG -5 PM 5:45  
CLERK OF DISTRICT COURT  
DIVISION OF CLERK OF DISTRICT COURT

**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: BAUTE ENTERPRISE INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4201 SW 150 AVE

MIAMI FL 33185

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 SHARES @ \$100.00 EACH

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MATILDE BAUTE

Name and Title: PRESIDENT

Address 4201 SW 150 AVE

Address: \_\_\_\_\_

MIAMI FL 33185

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: TAP SOLUTIONS INC  
 Address: 2341 NW 7TH ST  
MIAMI FL 33125

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YUVANIA GUARDIOLA  
 Address: 2341 NW 7TH ST  
MIAMI FL 33125


**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

08/05/2020  
 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

08/05/2020  
 Date