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	v	

Division of Corporations

: (850)617-6381

From:

Account Name : FASTKIT CORP

Account Number : I20100000009

Phone

: (305)599-0839

Fax Number

: (305)592-9591

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FLORIDA PROFIT/NON PROFIT CORPORATION

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

FILED

	NCIPAL OFFICE	Inc. 2020 SEP 22
	Principal street address	
V 11th St Apt. 622		Mailing address, if different is:
i, Florida 33130		
ICLE III PUR	PROCE	
ourpose for which	h the corporation is organized is: to engag	ge in any activity or business permitted under the
s of the United	d States and the State of Florida.	
		
· · · · · · · · · · · · · · · · · · ·		
— — .		
TCLE IV SHA	RES of stock is: 1,000	·
•	.	·
	TAL OFFICERS AND/OR DIRECTORS	
Name and T		Name and Title:
Address	51 SW 11th St Apt. 622	Address:
	Miami, Florida 33130	
Name and Tit		Name and Title:
Name and Tit		
	le:	
	le:	
	le:	
Address	le:	
Address	le:	Address: Name and Title:
Address Name and Tit	le:	Address: Name and Title: Address:

Name a	nd Title:	Name and Title:
Address		
ARTICLE VI The <u>name and F</u>	REGISTERED AGENT lorlda street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	Adam James Smith	
Address:	51 SW 11th St Apt. 622	
	Miami, Florida 33130	
RTICLE VII	<u>INCORPORATOR</u>	
he <u>name and ac</u>	ddress of the Incorporator is:	
Name:	Adam James Smith	
Address:	51 SW 11th St Apt. 622	
	Miami, Florida 33130	
RTICLE VIII	EFFECTIVE DATE:	
ffective date, if c f an effective d	other than the date of filing: ate is listed, the date must be specific and car	not be more than five days prior or 90 days after the
ling.)		mee we more than tive days prior or 90 days after the
ote: If the date e document's ef	inserted in this block does not meet the applical fective date on the Department of State's record	ble statutory filing requirements, this date will not be listed as
aving been name rtificate, I am fa	ed as registered agent to accept service of process miliar with and accept the appointment as regis	s for the above stated corporation at the place designated in this tered agent and agree to act in this capacity
		09/16/2020
	Required Signature/Registered Agent	Date
ubmit this docu cument to the D	ment and affirm that the facts stated herein at epartment of State constitutes a third degree felo	re true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
Animal States		09/16/2020
quired Signature	uncorporator	Date