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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
UP IN SMOKE SHOP II, INC.

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

2020 OCT 20 PM 4:37

Electronic Filing Menu Corporate Filing Menu Help

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: UP IN SMOKE SHOP II, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
690 NW 3 ST APT 609
MIAMI, FL 33128

Mailing address, if different is:
782 NW 42 AVE STE 328
MIAMI, FL 33126

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

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ARTICLE IV SHARES
The number of shares of stock is: 100 Shares at $1.00 par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonathan C. Arias Orellana, President
Address: 690 NW 3 ST APT 609
Miami, FL 33128

Name and Title:
Address:

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: Jonathan C. Arias Orellana

Address: 690 NW 3 ST APT 609

MIAMI, FL 33128

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jonathan C. Arias Orellana

Address: 690 NW 3 ST APT 609

Miami FL 33128

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.

_____ 10/19/20

Required Signature/Registered Agent 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.

_____ 10/19/20

Required Signature/Incorporator Date