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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : FASTKIT CORP
Account Number : I20100000009
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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

Katerin Fishing Corp

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

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20 OCT 28 PM 6:17
TALLAHASSEE, FLORIDA

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OCT 2 2021

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: Katerin Fishing Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13764 Murcott Ave

Clewiston, FL 33440

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Fishing

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yadriel Diaz Luis, President Name and Title: _____

Address 13764 Murcott Ave Address: _____

Clewiston, FL 33440 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: Yadriel Diaz Luis
 Address: 13764 Murcott Ave
Clewiston, FL 33440

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yadriel Diaz Luis
 Address: 13764 Murcott Ave
Clewiston, FL 33440

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

10/26/2020
 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

10/26/2020
 Date