Electronic Filing Cover Sheet

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

From:

Account Name : FASTKIT CORP Account Number : 120100000009 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 OCEAN RJ&C INC

Certificate of Status	0
Certified Copy	1
Page Count	02
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Corporate Filing Menu

Help

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

ARTICLE I		•	
The name of the o	corporation shall be: OCEAN RU&C INC		
RTICLE II PRINCIPAL OFFICE Principal <u>street</u> address			ress, if different is:
13727 SW 192 ST #2	78.5	SAME AS PRINCIPAL	
WIAME FL 33177			
	•		
		•	
ATTICLE III	PURPOSE	****	
The purpose for v	which the corporation is organized is: ALL AND	ANY LAWFUL BUSINESS ACT	IVITY
<del></del>			
			<u> </u>
			•
			at 15-7
<del></del> -	-		# # # # # # # # # # # # # # # # # # #
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			- Tr
CRTICLE IV	SHARES	•	<b>₹</b> □
The number of sha	ares of stock is: 100 @ 10.00 EACH		· <u>~</u>
ARTICI E V	INITIAL OFFICERS AND/OR DIRECTORS		<b>≒</b> . □
MALICIAL P	MILAL OLLICENS MADON DINCETONS		± 5.
Name an	IN TITLE: ORISTIAN AL INFANTÉ MOSITUEDA PRESIDENT	Name and Title:	
	42707 CM 460 CT #00F		
Address	13727 SW 152 ST #285	Address:	
	MIAMI FL 33177		
	7111 1711 7 5 5 5 7 7 1		
Name and	l Title:	Name and Title:	
Address		Address:	
Name and	Title:	Name and Title:	<u> </u>
Address		A.P.3	
Address		Address;	
		<del></del>	
		·	
	· · · · · · · · · · · · · · · · · · ·		

Name and Title:		tomic and 1836;	Name and Tabe:		
Address		Address:			
		<del></del>		<del></del>	
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	) of the registered agent is:			
Name:	TAP SOLUTIONS INC				
Address:	2341 NW 7TH SY	_	7 4	17-2 17-2 17-2	
	MIAMI FL 33125			130 DEC	
				0	
	INCORPORATOR			<del>F</del>	
	address of the Incorporator is:	•	<b>₹</b>	<u> </u>	
Name:	YUVANIA GUARDIOLA	<del></del>		ν. Ω	
Address;	2341 NW 7TH ST mlami fl 33125	<del></del>			
ffective date, i	EFFECTIVE DATE:  f other than the date of filing:	(OPTIONAL)			
If an effective iling.)	date is listed, the date must be specific and can	not be more than five days pr	rior or 90 days after the	:	
Vote: If the date the document's o	e inserted in this block does not meet the applicab effective date on the Department of State's record	ole statutory filing requirements s.	s, this date will not be list	cd as	
laving been nw ertificate, I am	ned as registered agent to accept service of process familiar with and accept the appointment as regist	i for the above stated corporatio ered agent and agree to act in t	n at the place designated his capacity	in this	
·	(My )		12/10/2020		
Required Signature/Registered Agent		·-·	Date		
	rument and affirm that the facts stated herein ar	e true. I am aware that the fa	te information submitted	d in a	
sounai sois, aoc Cument to the	Department of State constitutes a third degree felo	ny as provided for in £817.155,	, r.s.		