Feb 19 2021 18:45 HP Fax

2/18/2021

page 1

Division of Corporations Florida Department of State

Handa Department of State Hand Coperations 652

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000068808 3)))



H210000588063ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:					
	Division of C	orporations			
	Fax Number	: (850)617-6381		la .	P
From:			2r	d Requ	حر
	Account Name	: FASTKIT CORP	σ		
	Account Numbe	r : 12010000009			
	Phone	: (305)599-0839			
	Fax Number	: (305)592-9591			
	the email addre ual report mail il Address:	ss for this business en ings. Enter only one e	ntity to be use mail address p	ed for future lease,**	
		······································	·····		
l	LORIDA PR	OFIT/NON PROFIT	CORPORAT		
I		OFIT/NON PROFIT MARY'S CAFFE CO		rion	
l		MARY'S CAFFE CO			
1	Certificate o	MARY'S CAFFE CC)RP		
I	Certificate o Certified Co	MARY'S CAFFE CC	DRP 0		
I	Certificate o Certified Co Page Count	MARY'S CAFFE CC f Status py)RP		
I	Certificate o Certified Co	MARY'S CAFFE CC f Status py	DRP 0		
I	Certificate o Certified Co Page Count	MARY'S CAFFE CC f Status py	DRP 0 1 02		
]	Certificate o Certified Co Page Count	MARY'S CAFFE CC f Status py	DRP 0 1 02		
J	Certificate o Certified Co Page Count	MARY'S CAFFE CC f Status py	DRP 0 1 02		
I	Certificate o Certified Co Page Count	MARY'S CAFFE CC f Status py	DRP 0 1 02		
I	Certificate o Certified Co Page Count	MARY'S CAFFE CC f Status py	DRP 0 1 02		
]	Certificate o Certified Co Page Count	MARY'S CAFFE CC f Status py	DRP 0 1 02		
	Certificate o Certified Co Page Count	MARY'S CAFFE CC f Status py	DRP 0 1 02 \$78.75		

https://efile.sunbiz.org/scripts/efilcovr.exe

	ARTICLES OF IN In compliance with Chapter 607 a	ind/or Chapter 621, F.S. (Proj	fit)	
ICLE NAM	ration shall be: MARY'S CAFFE COP	R P		
	VCIPAL OFFICE Principal street address		ddress, if different is:	
AMI GARDENS, FL 33055		3901 NW 177TH ST MIAMI GARDENS, FL 33055		
	· · · · · · · · · · · · · · · · · · ·			
		·		
<u>CLE IV SHA</u>	<u>RES</u> f stock is: 100 SHARES			
umber of shares of CLE V INIT	RES of stock is: 100 SHARES IAL OFFICERS AND/OR DIRECTORS Ile: MARIBEL CARABALLO	Name and Title:		
umber of shares of CLE V INIT	AL OFFICERS AND/OR DIRECTORS	Neme and Title:		
umber of shares o <u>CLE V INIT</u> Name and Tit	AL OFFICERS AND/OR DIRECTORS	Name and Title: Address:		
umber of shares o <u>CLE V INIT</u> Name and Tit Address	AL OFFICERS AND/OR DIRECTORS MARIBEL CARABALLO 3901 NW 177TH ST MIAMI GARDENS, FL 33055	Address:		
umber of shares o <u>CLE V INIT</u> Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS	Address:		
umber of shares o <u>CLE V INIT</u> Name and Tit Address	AL OFFICERS AND/OR DIRECTORS MARIBEL CARABALLO 3901 NW 177TH ST MIAMI GARDENS, FL 33055	Address:		
umber of shares o <u>CLE V INIT</u> Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS MARIBEL CARABALLO 3901 NW 177TH ST MIAMI GARDENS, FL 33055	Address:		
umber of shares o <u>CLE V INIT</u> Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS MARIBEL CARABALLO 3901 NW 177TH ST MIAMI GARDENS, FL 33055	Address:		
umber of shares o <u>CLE V INIT</u> Name and Tit Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS MARIBEL CARABALLO 3901 NW 177TH ST MIAMI GARDENS, FL 33055	Address:		
umber of shares o <u>CLE V INIT</u> Name and Tit Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS MARIBEL CARABALLO 3901 NW 177TH ST MIAMI GARDENS, FL 33055	Address:		

.

Feb 19 2021 18:45 HP Fax

_ - - - - - -

Name ar	d Title:	Name and Title:	
Address			
		<u> </u>	· • • • • • • • • • • • • • • • • • • •
		—	
The <u>name and F</u>	<u>REGISTERED AGENT</u> forida street address (P.O. Box NOT acceptable) (of the registered agent is:	
Name:	MARIBEL CARABALLO		
Address:	3901 NW 177TH ST	_	-
	MIAMI GARDENS, FL 33055	_	
		_	
<u>IRTICLE VII</u>	INCORPORATOR		
The <u>name and ac</u>	Idress of the incorporator is:		
Name:	MARIBEL CARABALLO	_	
Address:	3901 NW 177TH ST	_	
	MIAMI GARDENS, FL 33055	_	
iffective date, if	<u>EFFECTIVE DATE:</u> other than the date of filing:	. (OPTIONAL)	
If an effective d iling.)	ate is listed, the date must be specific and cann	ot be more than five days prior or 90	days after the
	inserted in this block does not meet the applicable	- 	will not be listed of
lote: If the date	ffective date on the Department of State's records.	· · · · · · · · · · · · · · · · · · ·	with not be listed as
lote: If the date we document's effective of the document of the document of the document of the date	the second second second second seconds		
te document's et Having been nat	med as registered agent to accept service of proce	13 for the above stated corporation at th	e place destenated in
te document's et Having been nat	med as registered agent to accept service of proce am familiar with and accept the sppointment as re	ss for the above stated corporation at th rgistered agent and agree to act in this c	e place destgnated in apacity
te document's et Having been nat	med as registered agens to accept service of proce am familiar with and accept the appointment as re	egistered agent and agree to act in this c	e place destgnated in apacty RUARY 12, 2021
te document's et Having been nat	med as registered agent to accept service of proce	egistered agent and agree to act in this c	apecity
Having been not this certificate, I	med as registered agent to accept service of proce an familiar with and accept the appointment as re Required Signature Registered Agent Cumment and affirm that the facts stated herein an	egistered agent and agree to act in this c FEBF e true. I am aware digt the false inform	apacity RUARY 12, 2021 Date
Having been not this certificate, I	med as registered agent to accept service of proce an familiar with and accept the appointment as re Required Signature Registered Agent	egistered agent and agree to act in this c FEBF e true. I am aware that the false inform my as provided for in s.817.155, F.S.	RUARY 12, 2021 Date E mattern submitteet in a
Having been name in is certificate, if submit this doe to cument to the	med as registered agent to accept service of proce am familiar with and accept the appointment as re Required Signature Registered Agent cument and affirm that the facts stated herein and Pepastment of State constitutes a third degree felo	egistered agent and agree to act in this c FEBF e true. I am aware that the false inform my as provided for in s.817.155, F.S.	RUARY 12, 2021 Date
Having been name his certificate, i submit this doo focument to the	med as registered agent to accept service of proce an familiar with and accept the appointment as re Required Signature Registered Agent Cumment and affirm that the facts stated herein an	egistered agent and agree to act in this c FEBF e true. I am aware that the false inform my as provided for in s.817.155, F.S.	RUARY 12, 2021 Date E mattern submitteet in a
Having been name in is certificate, if submit this doe to cument to the	med as registered agent to accept service of proce am familiar with and accept the appointment as re Required Signature Registered Agent cument and affirm that the facts stated herein and Pepastment of State constitutes a third degree felo	egistered agent and agree to act in this c FEBF e true. I am aware that the false inform my as provided for in s.817.155, F.S.	RUARY 12, 2021 Date

Fm: Interstate Filings LLC To: INNOVATIVE CEO ACADEMY LLC (18506176381)

16:39 02/19/21pg#205 8r 11-4

2021 FLU 22 PH 3: 25