

## 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

*Rebar & Carpentry Corps*

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

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MAR 16 2021

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3/15/2021 10:39:54 AM PAGE 1/001 Fax Server



March 15, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FASTKIT

SUBJECT: REBAR & CARPENTRY CORPS  
REF: W21000034320

We have received your document for REBAR & CARPENTRY CORPS and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WILLIAM LAWRENCE  
Regulatory Specialist II

FAX Aud. #: H21000099582  
Letter Number: 821A00005396

FILED  
21 MAR 15 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

**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: Rebar & Carpentry Corps**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

236 E 56 STREET  
HIALEAH, FL 33013236 E 56 STREET  
HIALEAH, FL 33013**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: FREDDY I PAIZ, PRESIDENT

Name and Title: \_\_\_\_\_

Address 236 E 56 STREET

Address: \_\_\_\_\_

HIALEAH, FL 33013

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: FREDDY I PAIZ  
 Address: 236 E 56 STREET  
HIALEAH, FL 33013

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FREDDY I PAIZ  
 Address: 236 E 56 STREET  
HIALEAH, FL 33013


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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/11/2021 (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.)

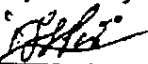
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

03/15/21  
 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

03/15/21  
 Date