

23/2021

Division of Corporations

P21000026629
Florida Department of State
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To:

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Fax Number : (850)617-6381

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION

Locomotora Media, Inc

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

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March 24, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: LOCOMOTORA MEDIA, INC
REF: W21000038833

We have received your document for LOCOMOTORA MEDIA, INC 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. #: H21000116805
Letter Number: 621A00006123

2021 Mar 25 09:12:23

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Locomotora Media, Inc**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

100 Bayview Dr, Apt 401130 Madeira AvenueSunny Isles Beach, FL 33160Coral Gables, FL 33134**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To transact 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: Pedro Bros President

Name and Title: _____

130 Madeira Avenue

Address: _____

Coral Gables, FL 33134

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2016:25 PM 12:13

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe ~~name and address~~ name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Pedro Bros. PresidentAddress: 130 Madeira AvenueCoral Gables, FL 33134**ARTICLE VII INCORPORATOR**The ~~name and address~~ of the incorporator is:Name: Pedro BrosAddress: 130 Madeira AvenueCoral Gables, FL 33134**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*Pedro Bros

Required Signature/Registered Agent

3/22/2021

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.*Pedro Bros

Required Signature/Incorporator

3/22/2021

Date

2021.03.25 17:12:13