

P21000036098

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
Phone : (305)599-0839
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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.

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
T-SOUL IB, CORP.**

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

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be **T-SOUL IB, CORP.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

1407 S 20TH AVE
HOLLYWOOD FL 33020

ARTICLE III PURPOSE

The purpose for which the corporation is organized is **ANY AND ALL LAWFULL BUSINESS**

FILED
2021 APR 22 AM 9:39
ALBANY, NY

ARTICLE IV SHARES

The number of shares of stock is **100 SHARES AT \$1.00 PAR VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title **GIULIANA MORELLO LIACCI PRESIDENT**

Name and Title

Address **1407 S 20TH AVE**

Address

HOLLYWOOD, FL 33020

Name and Title

Name and Title

Address

Address

Name and Title

Name and Title

Address

Address

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 GIULIANA MORELLO CIACCIAddress 1407 S 20TH AVE
HOLLYWOOD, FL 33020**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name GIULIANA MORELLO CIACCIAddress 1407 S 20TH AVE
HOLLYWOOD, FL 33020

2021 APR 22 AM 9:39

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

Date

4-20-2021*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.817.135, F.S.*_____
Required Signature/Registered Agent

Date

4-20-2021