6/2/2021

Division of Corporations

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.

(((H21000219188 3)))



H210002191883ABC%

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

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 KEVIN FUENTES P.A.

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

Electronic Filing Menu Corporate Filing Menu

Help

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

TICLBII PI	KINCIPAL DEFICE			
RTICLE II PRINCIPAL OFFICE Principal street address			Malling add and to the	
O KEYSTONE TER	<u>l</u>		Mailing address, if different is:	
- 120010				
		- 		
PUTPOSE FOR WH	/RPOSE sich the corporation is organized is:			
AL ESTATE	ACTIVITIES			
	s of stock is: 100			
CLE V INI	s of stock is: 100 TIAL OFFICERS AND/OR DIRECTORS Title: KEVIN R. FUENTES-PRES			
CLE V INI	s of stock is: 100 TIAL OFFICERS AND/OR DIRECTORS	Name and Title:_		
CLE V INI Name and I	s of stock is: 100 TIAL OFFICERS AND/OR DIRECTORS Title: KEVIN R. FUENTES-PRES	Name and Title:_		
CLE V INI Name and I	s of stock is: 100 TIAL OFFICERS AND AOR DIRECTORS Title: KEVIN R. FUENTES-PRES 13190 KEYSTONE TER	Name and Title:_		
CLE V INI Name and T	s of stock is: 100 TIAL OFFICERS AND/OR DIRECTORS Title: KEVIN R. FUENTES-PRES 13190 KEYSTONE TER NORTH MIAMI FL 33181	Name and Title: Address:		
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: KEVIN R. FUENTES-PRES 13190 KEYSTONE TER NORTH MIAMI FL 33181	Name and Title: Address: Name and Title:		
CLE V INI Name and T	s of stock is: 100 TIAL OFFICERS AND/OR DIRECTORS Title: KEVIN R. FUENTES-PRES 13190 KEYSTONE TER NORTH MIAMI FL 33181	Name and Title: Address: Name and Title:		
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: KEVIN R. FUENTES-PRES 13190 KEYSTONE TER NORTH MIAMI FL 33181	Name and Title: Address: Name and Title:	-2	
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: KEVIN R. FUENTES-PRES 13190 KEYSTONE TER NORTH MIAMI FL 33181	Name and Title: Address: Name and Title:		
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: KEVIN R. FUENTES-PRES 13190 KEYSTONE TER NORTH MIAMI FL 33181	Name and Title: Address: Name and Title:	-2	
Name and Ti Address	TIAL OFFICERS AND/OR DIRECTORS Title: KEVIN R. FUENTES-PRES 13190 KEYSTONE TER NORTH MIAMI FL 33181	Name and Title: Address: Name and Title: Address:		
Name and Ti Address	TIAL OFFICERS AND/OR DIRECTORS Title: KEVIN R. FUENTES-PRES 13190 KEYSTONE TER NORTH MIAMI FL 33181	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:		
Name and Ti Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTORS Title: KEVIN R. FUENTES-PRES 13190 KEYSTONE TER NORTH MIAMI FL 33181	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:		

Name	and Title:	Name and Title:	
Addi			
ļ			·· <u> </u>
			<u> </u>
1 D T 1 C 1			
The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the	e registered govern	
Name:	KEVIN R FUENTES	e registered agent is:	
Address:	13190 KEYSTONE TER		
	NORTH MIAMI FL 33181		
ARTICLE VII	INCORPORATOR		
	address of the Incorporator is:		
Name:	KEVIN R FUENTES		
Address:	13190 KEYSTONE TER		
	NORTH MIAMI FL 33181		
ARTICI E VIII	EFFECTIVE DATE:		
Effective date.	fother than the date of filling:	(OPTIONAL)	
(II an effective filing.)	date is listed, the date must be specific and cannot be	more than five days prior	or 90 days after the
Note: If the dat the document's	te inserted in this block does not meet the applicable state effective date on the Department of State's records.	utory filing requirements, this	date will not be listed a
Having been na	med as registered agent to accept service of process for the	e above stated corporation at t	the place designated in th
	familiar with and accept the appointment as registered a	gent and agree to act in this c	upacity
	Required Signature/Registered Agent		6/01/2021
submit this do	current and affirm that the facts stated be	I am aware that the false ir	Date Sormation submitted in
	Department of State constitutes a third degree felony as p	provided for in 5.817.155, F.S.	
Required Signati	ure/Incorporator	<u>0</u>	6/01/2021
	_	Date	극
ature: kevin wente	5 (Jun 1, 2021 15-17 EDT)		
Empile theluve	miamirentals@gmail.com		