

P21000062670

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**  
**REFINE HOSPITALITY INC**

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

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J DENNIS

JUL 08 2021

**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: REFINE HOSPITALITY INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11702 SW 253 ST

HOMESTEAD, FL 33032

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

STARTED NEW BUSINESS. SERVICES TO BE PROVIDED ARE:

- STAFFING, EVENT PLANNING, CONSULTING, AND MANAGEMENT SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 AT \$1 PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: AINSLEY DIXON, PRESIDENT

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

Address 11702 SW 253 ST

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

HOMESTEAD, FL 33032

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: AINSLEY DIXON

Address: 11702 SW 253 ST

HOMESTEAD, FL 33032

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: AINSLEY DIXON

Address: 11702 SW 253 ST

HOMESTEAD, FL 33032

**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

7/1/2021

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

7/1/2021

\_\_\_\_\_  
Date