

7/26/21

Division of Corporations

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
ROMAN AUTO BROKER AND CONSULTING INC**

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

FILED

2021 JUL 26 AM 6:17

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUL 26 PM 4:12

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: ROMAN AUTO BROKER AND CONSULTING INC

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address

Mailing address, if different is:

6173 NW 181ST TER CIR NSAME ADDRESSHIALEAH, FL 33015**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: AUTO SALES

ARTICLE IV SHARES

The number of shares of stock is: 100 PER VALUE \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: JULIO CESAR ROMAN

Name and Title: _____

Address: 6173 NW 181ST TER CIR N

Address: _____

HIALEAH, FL 33015PRESIDENT

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

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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: JULIO CESAR ROMAN

Address: 6173 NW 181ST TER CIR N
HIALEAH, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JULIO CESAR ROMAN

Address: 6173 NW 181ST TER CIR N
HIALEAH, FL 33015

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 as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

[Signature]
 Required Signature/Registered Agent

7/29/21
 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.817.135, F.S.

[Signature]
 Required Signature/Incorporator

Date

7/29/21
 SECRETARY OF STATE
 TALLAHASSEE, FL

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