

8/17/2021

Division of Corporations

P21000309574

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

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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
CAROLINA LARCO P.A.**

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

AUG 18 2021

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

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

The name of the corporation shall be: **CAROLINA LARCO P.A.**

Principal street address

Mailing address, if different is:

11250 SW 156 PLACE

MIAMI, FL 33196

The purpose for which the corporation is organized is:

REAL ESTATE ACTIVITIES

The number of shares of stock is: 100

Name and Title: CAROLINA LARCO-PRES

Name and Title, _____

Address

11250 SW 156 PLACE

Address:

MIAMI, FL 33196

Name and Title:

Name and Title:

Address

Address.

Name and Title:

Name and Title.

Address

Address.

222 AUG 17 PM 1:18

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: CAROLINA LARCO
Address: 11250 SW 156 PLACE
MIAMI, FL 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAROLINA LARCO
Address: 11250 SW 156 PLACE
MIAMI, FL 33196

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.

Carolina Larco 8/10/2021
Required Signature/Registered Agent 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.

Carolina Larco 8/10/2021
Required Signature/Incorporator Date