

P21000084710

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
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: _____

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL

2021 SEP 28 AM 8:45

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
MCC CRIS CORP**

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

Electronic Filing Menu

Corporate Filing Menu

Help



September 28, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

SUBJECT: MCC CRIS CORP
REF: W21000129342

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

FAX Aud. #: H21000361193
Letter Number: 621A00023350

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

FILED

ARTICLE I NAME

The name of the corporation shall be: MCC CRIS CORP

2021 SEP 28 AM 8:45

ARTICLE II PRINCIPAL OFFICE

Principal street address
358 SW 27 AVE APT 2
Miami FL 33135

Mailing address, if different
358 SW 27 AVE APT 2
Miami FL 33135

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maykel Cuevas Carpio President

Address: 358 SW 27 AVE APT 2
Miami FL 33135

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Maykel Cuevas Carpio
Address: 358 SW 27 AVE APT 2
Miami FL 33135

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Maykel Cuevas Carpio
Address: 358 SW 27 AVE APT 2
Miami FL 33135

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/27/2021 (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 in 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
09/27/2021
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
09/27/2021
Date

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TALLAHASSEE, FL