

P21000086242

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.

(((H21000370675 3)))



H210003705753ABC+

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: _____

SECRET
TALLAHASSEE FL
STATE

2021 OCT -4 AM 8:30

FILED

2021 OCT 4 11:41 AM

FLORIDA PROFIT/NON PROFIT CORPORATION

Rouco Services, Inc.

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

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

FILED

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

2021 OCT -4 AM 8:30

ARTICLE I NAME

The name of the corporation shall be: Rouco Services, Inc.

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

7951 NE Bayshore CT Apt 1802

Miami, FL 33138

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Repair Services

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yoel Rouco Valdes, President

Name and Title: _____

Address 7951 NE Bayshore CT Apt 1802

Address: _____

Miami, FL 33138

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: Yoel Rouco Valdes
 Address: 7951 NE Bayshore CT Apt 1802
Miami, FL 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yoel Rouco Valdes
 Address: 7951 NE Bayshore CT Apt 1802
Miami, FL 33138

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 10/02/2021
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 10/02/2021
Date

2021 OCT -4 AM 8:30
 SECRETARY OF STATE
 TALLAHASSEE, FL
 FILED