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.

(((H21000389325 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Co	orporations : (850)617-6381	TAL	1~,
	rax Number	. (656)617-6381		13000
From:			要养 🤌	-5
	Account Name	: FASTKIT CORP	\$5. L	
	Account Number	: 1201 000000 09	175- 175-	O
		: (305)599-0839	سر خوان الم	-
	Fax Number	: (305)592-9591	, F	~
)
F	the email address	s for this business entity t	o be used for future	-
tnier	community down to			
		ings. Enter only one email ac	dress please.**	
an			dress please.**	
an	nual report mail		dress please.**	
Em:	nual report mail	ings. Enter only one email ac	dress please.**	
an: Em	nual report mail		dress please.**	

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

Electronic Filing Menu

Corporate Filing Menu

Help

(i)

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

	ration shall be:	E KITCHEN & BATH DOP	OL, COM.			
RTICLE II PRII	VCIPAL OFFICE Principal street address		Mailing address, if different is:			
745 NW 79TH A VE	<u> </u>	225 W	225 W 21st ST			
OORAL, FL. 33122		HIALE	HIALEAH, FL. 33010			
RTICLE III PURA he purpose for which	POSE 1 the corporation is organized is:	SALE OF TILES, QUARTZ	STONES AS WELL AS BATHROOM			
		AND KITCHEN CABINET	'S AND ACCESSORIES AND			
	INS1		Ž., p			
			21 0) LAN			
	· · · · · · · · · · · · · · · · · · ·					
	<u>RES</u> 1,000 SHARES AT \$		RD C			
Name and Tit	JOSBEL J. GUGLIOTTI MO 2745 NW 79TH AVE.	OYA Name and Title	MARIULINA MISTRETTA SOLLA			
Ad dre ss	DORAL, FL. 33122	Address:	DORAL, FL. 33122			
Name and Title	9:	Name and Title	:			
Address		Address:				
Name and Title	:	Name and Title				
Name and Title			:			

Name and Title:		Name and Title:			
Addr	c35	Address:			
ARTICLE VI					
The pame and	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:			
Name:	JOSBEL J. GUGLIOTTI MOYA				
Address:	2745 NW 79TH AVE.	_	TĂĽ	! ::	
	DORAL, FL. 33122	-	LAII LAII	: . Et	
ARTICLE VII INCORPORATOR			ASSEE	19	
The name and	address of the Incorporator is:		14. 77.	≥ 1	
Name:	CABANAS & ASSOCIATES, P.A.	_	707 707	ض ر	
Address:	8350 NW 52ND TERRACE - STE. #208	_	Dr.	16	
	DORAL, FL. 33166	_			
Effective date, i	EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and cauno	t be more than five days p	J) prior or 90 days afte	er the	
Note: If the dat	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirement	is, this date will not i	be listed as	
Having been no this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corpor istered agent and agree to a	ration at the place d act in this capacity	esignated in	
1.			OCTOBER 15, 2021		
Required Synant Registered Agent			Date		
I submit this document to the	cument and affirm that the facts stated herein are to proper them of State constitutes a third degree felong	true. I am aware that the fi as provided for in \$.817.15	alse Information sul 55, F.S.	bmlited in a	
_ self dans			OCTOBER 15, 2023		
Riequ	ired Signature/incorporator		Date	 -	