

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.**

((H22000125284 3)))



H220001252843ABC-

**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: \_\_\_\_\_

RECEIVED

2022 APR -6 AM 10:40

DIVISION OF CORPORATIONS  
DIVISION OF COMMERCIAL  
DIVISION OF SERVICES

## FLORIDA PROFIT/NON PROFIT CORPORATION

Aitana Transportation, Inc.

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

2022 APR -6 PM 7:41  
RECEIVED  
FLORIDA DEPARTMENT OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

**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: Aitana Transportation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10023 Belle Rive Blvd, Apt 1212  
Jacksonville, FL 32256

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dairon Dominguez, President

Name and Title: \_\_\_\_\_

Address 10023 Belle Rive Blvd, Apt 1212  
Jacksonville, FL 32256

Address: \_\_\_\_\_

Name and Title: Marcia Vargas, VP

Name and Title: \_\_\_\_\_

Address 3603 Live Oak Hollow Dr  
Jacksonville, FL 32065

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

FILED  
2022 APR -6 PM 7:41  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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: Dairon Dominguez  
 Address: 10023 Belle Rive Blvd, Apt 1212  
Jacksonville, FL 32256

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dairon Dominguez  
 Address: 10023 Belle Rive Blvd, Apt 1212  
Jacksonville, FL 32256

**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  
 \_\_\_\_\_  
 Date 03/25/2022

*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  
 \_\_\_\_\_  
 Date 03/25/2022

FILED  
 2022 APR -6 PM 7:41  
 DEPARTMENT OF STATE  
 FLORIDA