Florida Department of State Division of Corporations

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

Jester Hema, Inc

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

Electronic Filing Menu Corporate Filing Menu

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Help

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

RTICLE I NAME			
he name of the corporat	tion shall be: Jester Hema, In	С	
(RTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:
407 Lincoln F	d Suite 9A		
Miami Beach			
(RTICLE III PURPO The purpose for which the	PSE ne corporation is organized is: Real	Estate	
		·	
		· · · · · · · · · · · · · · · · · · ·	702 FA
		*****	L AIL
RTICLE IV SHARE the number of shares of s RTICLE V INITIAL	tock is: 1,000 LOFFICERS AND/OR DIRECTORS		28 PM 1: 00 ASSEE, FLORID
Name and Title:	Jesse Henriquez, President	Name and Title	
Address	407 Lincoln Rd Suite 9A	Address:	
	Miaml Beach, FL 33139		
Name and Title:_		Name and Title:	
Address _		Address:	
-		_	
Name and Title:_		Name and Title:	
Address _		Address:	
-		 .	
-		 -	

Name un	d Title:	Name and Title:
Address		
A District and a second		
The name and FI	<i>REGISTERED AGENT</i> orida street address (P.O. Box NOT acceptab	le) of the registered noent is:
Name:	Jesse Henriquez	
Address:	407 Lincoln Rd Suite 9A	
	Miami Beach, FL 33139	
ARTIÇLE VII	<u>INCORPORATOR</u>	
	dress of the Incorporator is	
Name:	Jesse Henriquez	2022
Address:	407 Lincoln Rd Suite 9A	LOR
	Miami Beach, FL 33139	2022 JUN 28 TALLAHASS
Effective date, if o	EFFECTIVE DATE: ther than the date of filing:	(OPTIONAL)
(If an effective da filing.)	te is listed, the date must be specific and ca	nnot be more than five days prior or 90 days attrithe
Note: If the date is the document's eff	nserted in this block does not meet the applica ective date on the Department of State's reco	while statutory filing requirements, this date will not be listed as rids.
Having been nume certificate, I am fai	d as registered agent to accept service of proce miliar with and accept the appointment as regi	ss for the above stated corporation at the place designated in thi stered agent and agree to act in this capacity
	The state of the s	
	uiled Signature/Registered Agent	Date
I submit this document to the De	ment and affirm that the facts stated herein a partment of State constitutes a third degree fe	are true. I am aware that the false information submitted in a lony as provided for in \$.817.155, F.S.
Required Signapor	MAL	05/27/2022
Required Signapure	The transfer of the transfer o	Date