

10/6/22, 1:28 PM

P22000077067Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

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Account Name : FASTKIT CORP
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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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION**Your Impact Window, Inc.**

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

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Corporate Filing Menu

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DS

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

ARTICLE I NAMEThe name of the corporation shall be: Your Impact Window, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is:

2983 SW 39th Ave, Apt 10Miami, FL 33134**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Building Repair and Remodeling**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Sendor Triguero Cancio, President

Name and Title: _____

Address: 2983 SW 39th Ave, Apt 10

Address: _____

Miami, FL 33134

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: Sandor Triguero Cancio
 Address: 2983 SW 39th Ave, Apt 10
Miami, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sandor Triguero Cancio
 Address: 2983 SW 39th Ave, Apt 10
Miami, FL 33134

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

10/04/2022
 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.817.135, F.S.


 Required Signature Incorporator

atc 10/04/2022

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