1/3/23, 11:45 AM Division of Corporations

P23000000217

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

Mihaela Dragan P.A.

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

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2023 JAN 03 AM 08:21

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: Mihaela Dragan P.A

ARTICLE II PRINCIPAL OFFICE

Principal street address

350 S. Miami Avenue #1909

Miami, FL 33130

Mailing address, if different is.

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mihaela Dragan, President

Address 350 S. Miami Avenue #1909

Miami, FL 33130

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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TALLAHASSEE, 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: Mihaela Dragan

Address: 350 S. Miami Avenue #1909

Miami, FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mihaela Dragan

Address: 350 S. Miami Avenue #1909

Miami FL 33130

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

M Dragan

Required Signature/Registered Agent

01-2-23

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.

M Dragan

Required Signature/Incorporator

01-2-23

Date

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SECRETARY OF STATE

TALLAHASSEE, FLORIDA