Electronic Filing Cover Sheet

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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.\*\*

<b>Email</b>	Address:	

## FLORIDA PROFIT/NON PROFIT CORPORATION DECA EXPERTS SOLUTIONS INC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

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

Wall Dog	VOID AL ACTION			
ICLE II PRI	NCIPAL OFFICE Principal <u>street</u> address			
* NW 1CIN STREET	Trincipal <u>steret</u> address		Mailing address, if different is	
BROKE PINES, FL 33	928			
<del> </del>				
TCLETH PUR	<u>POSE</u>			
purpose for which	h the corporation is organized is:			
PAIRS AND MA	AINTENANCE SERVICES			
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Name and Title:		Name and Title:	Name and Title:		
Address					
ARTICLE VI The name and F	REGISTERED AGENT Florida street address (P.O. Box NO Lacceptat	nte) of the registered agent (c)			
Name:	ABRAHAM DE MARCHENA				
Address:	17081 NW 10th STREET				
	PEMBROKE PINES, FL 33028				
	INCORPORATOR				
	ddress of the Incorporator is:				
Name:	MONICA FRANCO	<u></u>	~ ;		
Address:	6515 W 26tt, DR IAPT 23	<del></del>	دسر		
	MIFLE AM FL 23012	<del></del>	•		
Effective date, if	EFFECTIVE DATE: other than the date of filing:	OPTION	کن ا ا ا		
filing.)	and the state mast be specific and the	mor be more man tive only	s bron or an days after the		
Note: If the date the document's e	inserted in this block does not meet the applic ffective date on the Department of State's reco	able statutory filling requirem rds.			
Having heen nam certificate, I am fo	ned as registered agent to accept service of proce amiliar with and accept the appointment as reg	ess for the above stated corpor istered agent and agree to act	ution at the place designated in thi in this capacity		
	Abraham D. De Marchena		February 09, 2023		
	Required Signature/Registered Agent		Date Date		
f submit this doci document to the L	ument and affirm that the facts stated herein Department of State constitutes a third degree fo	are true. I am aware that the dony as provided for in s.817.	e false information submitted in 6 188, F.S.		
Monica Franco			02/09/2023		
Required Signatur	e/Incorporator		Date		

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