

2/16/23, 2:25 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
OEM NATIONAL INSURANCE CORP**

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

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**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: OEM NATIONAL INSURANCE CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address2100 PONE DE LEON BLVD SUITE 1240CORAL GABLES, FL 33125

Mailing address, if different is:

2100 PONE DE LEON BLVD SUITE 1240CORAL GABLES, FL 33125**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1,000,000 Shares**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Omar Sanchez Guevara, PresidentAddress: 2100 PONE DE LEON BLVD SUITE 1240CORAL GABLES, FL 33125Name and Title: ERNESTO DIAZ MEDINA, VPAddress: 2100 PONE DE LEON BLVD SUITE 1240CORAL GABLES, FL 33125

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

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

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

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

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

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

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

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: Omar Sanchez Guevara  
 Address: 2100 PONE DE LEON BLVD SUITE 1240  
CORAL GABLES, FL 33125

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Omar Sanchez Guevara  
 Address: 2100 PONE DE LEON BLVD SUITE 1240  
CORAL GABLES, FL 33125

**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*

Omar Sanchez Guevara

Required Signature/Registered Agent

02/15/2023

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.*

Omar Sanchez Guevara

Required Signature/Incorporator

02/15/2023

Date