

2/22/23, 2:28 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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**Haloken Investments, Inc.**

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

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be Haloken Investments, Inc**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address18650 SW 39 StreetMiramar, FL 33029

Mailing address, if different is

ARTICLE III PURPOSEThe purpose for which the corporation is organized is to engage in any activity or business permitted under the
laws of the United States and the State of Florida.**ARTICLE IV SHARES**The number of shares of stock is 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title Corey Todd (President)

Name and Title: _____

Address 18650 SW 39 Street

Address: _____

Miramar, FL 33029Name and Title Shemara Todd (Vice President)

Name and Title: _____

Address 18650 SW 39 Street

Address: _____

Miramar, FL 33029

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

23 FEB 22 PM 10:35

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

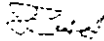
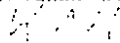
Name: Shemara ToddAddress: 18650 SW 39 StreetMiramar, FL 33029ARTICLE VII INCORPORATOR

The name and address of the incorporator is

Name: Corey ToddAddress: 18650 SW 39 StreetMiramar, FL 33029ARTICLE 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 Agent2/21/2023_____
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 §817.135, F.S.*_____
Required Signature Incorporator2/21/2023_____
Date

23 FEB 2023 1:16:35