2/22/23, 2:28 PM Division of Corporations

P23000014119

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000069250 3)))

H23000069250 3ABC

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.**

Email Address: _____

## FLORIDA PROFIT/NON PROFIT CORPORATION
### Haloken Investments, Inc.

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

23 FEB 22 PM 12:35

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 Haloken Investments, Inc

***ARTICLE II PRINCIPAL OFFICE***

| Principal street address | Mailing address, if different is |
|---|---|
| 18650 SW 39 Street<br>Miramar, FL 33029 | |

***ARTICLE III PURPOSE***

The 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<br>Miramar, FL 33029 | Address: | |
| Name and Title: | Shemara Todd (Vice President) | Name and Title: | |
| Address: | 18650 SW 39 Street<br>Miramar, FL 33029 | Address: | |
| Name and Title: | | Name and Title: | |
| Address: | | Address: | |

23 FEB 22 PM 5:35

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 Todd

Address: 18650 SW 39 Street

Miramar, FL 33029

*ARTICLE VII INCORPORATOR*

The **name and address** of the Incorporator is:

Name: Corey Todd

Address: 18650 SW 39 Street

Miramar, FL 33029

*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.***

_____ 2/21/2023

Required Signature/Registered Agent 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.***

_____ 2/21/2023

Required Signature/Incorporator Date

23 FEB 22 PM 5:35