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**P23000017234**

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  
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.\*\***

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
EL MESON DE LUIS, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	02
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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: EL MESON DE LUIS, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7884 NW 52ND STREET3940 W FLAGLER ST SUITE 201DORAL, FL 33166MIAMI, FL 33134**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: THE PURPOSE OF THE CORPORATION IS TO ENGAGE  
IN ANY LAWFUL ACTIVITY FOR WHICH CORPORATIONS MAY BE INCORPORATED IN THIS STATE.**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES AT \$10.00 PER VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUIS MARIA / PRES. TS. AGENT

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

Address: 3940 W FLAGLER ST

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

SUITE 201MIAMI, FL 33134

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

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

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

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

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

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: LUIS MARIA

Address: 3940 W FLAGLER ST SUITE 201

MIAMI, FL 33134

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: LUIS MARIA

Address: 3940 W FLAGLER ST SUITE 201


MIAMI, FL 33134

**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*

 \_\_\_\_\_ 03/03/2023

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.*

 \_\_\_\_\_ 03/03/2023

Required Signature/Incorporator Date

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TALLAHASSEE, FL