May 22 2023 15:35 HP Fax 5/22/23, 1:43 PM

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Florida Department of State

Division of Corporations 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 : (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

Andres Parker Solutions, Inc.

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

Electronic Filing Menu

Corporate Filing Menu

Help



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

| TEH DOING | IDAL OFFICE | | | | |
|--|---|--|-----------------------------------|-------------|--|
| FICLE II PRINCIPAL OFFICE Principal street address | | Ma | Mailing address, if different is: | | |
| 1060 Plover Ave | | | | | |
| | FL 33166 | | | | |
| LE III PURPO | | | | | |
| rpose for which th | e corporation is organized is: Cor | nsulting | | | |
| | Name of the state | | | | |
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| Name | and Title: | Name and Title: | | | |
|--|--|------------------------------------|---|--------------|--|
| Addre | rss | Address: | | | |
| | | | | | |
| 4RTICLE VI | REGISTERED AGENT | | | | |
| The name and | Florida street address (P.O. Box NOT accept | wible) of the registered agent is: | | | |
| Name: | Andres Parker | | 20 SE | | |
| Address: _ | 1060 Plover Ave | | 23 MA Fore | | |
| | Miami Springs, FL 33165 | | 2023 MAY 22 SECRETAN TALLAHA | | |
| ARTICLE VII | INCORPORATOR | | 1988 1988 1988 1988 1988 1988 1988 1988 | | |
| The name and a | address of the Incorporator is: | | S 2: | | |
| Name: | Andres Parker | | ं हा छ | é | |
| Address: | 1060 Plover Ave | | 7021 | | |
| | Miami Springs, FL 33166 | | | | |
| Effective date, i (If an effective filing.) Note: If the date | EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and te inserted in this block does not meet the appetitive date on the Department of State's re- | I cannot be more than five day | ys prior or 90 days after t | | |
| Having been no | med us registered agent to accept service of pr familiar with and accept the appoinment as | ocess for the above stated corpo | t in this capacity | | |
| Resided Signature/Registered Agent | | mi | 05/19/2023 Date | | |
| l submit this do | ocument and affirm that the facts stated here | | he false information subm | ined in o | |
| | Department of State constitutes a third degre | | | | |
| | // pai | | 05/19/202 | 3 | |
| Required Signat | ure/hournagetor | | Date | - | |