

9/7/23, 3:58 AM

Division of Corporations

**P23000064679**

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6381

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Account Name : FASTKIT CORP  
Account Number : 120100000009  
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  
EDUCADE MANAGEMENT INC.**

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

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SECTIONS  
10/15

9/10/23

9/10/23

**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: EDUCADE MANAGEMENT INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

14850 SW 26 Street, Suite 213

Miami, Florida 33185

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: transacting any or all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jamarca Sanford

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

Address President and Treasurer

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

14850 SW 26 Street, Suite 213

Miami, Florida 33185

Name and Title: Jennexis Castellanos

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

Address Vice-President and Secretary

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

14850 SW 26 Street, Suite 213

Miami, Florida 33185

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

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

Address \_\_\_\_\_

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

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: Jamarca Sanford  
 Address: 14850 SW 26 Street, Suite 213  
Miami, Florida 33185

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jamarca Sanford  
 Address: 14850 SW 26 Street, Suite 213  
Miami, Florida 33185

**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.*

x [Signature] Jamarca Sanford  
 Required Signature/Registered Agent

9/7/23  
 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.*

x [Signature] Jamarca Sanford  
 Required Signature/Incorporator

Date 9/7/23