

2/21/24, 2:44 PM

Division of Corporations

**P24000013387**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

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Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305)599-0839  
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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**

Heriberta Commercial, Corp.

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

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Heriberta Commercial, Corp.ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

1229 NW 119TH STMIAMI, FL 33167ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ACTIVITIES  
PERMITTED UNDER THE LAW OF THE UNITED STATESARTICLE IV SHARESThe number of shares of stock is: 100 SHARES AT \$10.00 PAR VALUEARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Heriberta De Jesus Ramos, President/Agent

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

Address 1229 NW 119TH ST

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

MIAMI, FL 33167100 Shares

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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: Heriberta De Jesus Ramos  
 Address: 1229 NW 119TH ST  
MIAMI, FL 33167

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Heriberta De Jesus Ramos  
 Address: 1229 NW 119TH ST  
MIAMI, FL 33167

**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]  
 Required Signature/Registered Agent

02/20/2024  
 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.817.133, F.S.*

X [Signature]  
 Required Signature/Incorporator

02/20/2024  
 Date

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