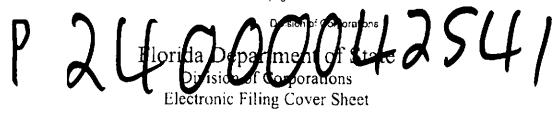
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Division of Corporations

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From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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FLORIDA PROFIT/NON PROFIT CORPORATION ACCURE INSURANCE CORP

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Help

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

LEII PRI	NCIPAL OFFICE		
	Principal street address 4 Ave	Mailing address, if diff	ferent is:
er Bay, FL	. 33190		<u></u> .
CLE III PURI	POSE		
rpose for which	the corporation is organized is: ANY A	ND ALL LAWFULL BUSINESS.	
			· · · · · · · · · · · · · · · · · · ·
_			
			
			
CLE IV SHAR	RES		
CLEIV SHAI	RES f stock is: 100 SHARES AT \$1.00 PA	AR VALUE	
	_	AR VALUE	
	_		
CLE V INITL	_		
CLE V INITE Name and Titl	AL OFFICERS AND/OR DIRECTORS Alfredo Ochoa Alvarez, Pre	esident Name and Title:	
CLE V INITL	AL OFFICERS AND/OR DIRECTORS Alfredo Ochoa Alvarez, Pre		
CLE V INITE Name and Titl	AL OFFICERS AND/OR DIRECTORS Alfredo Ochoa Alvarez, Pre	Sident Name and Title:	
CLE V INITE Name and Titl	AL OFFICERS AND/OR DIRECTORS Alfredo Ochoa Alvarez, Pre	Sident Name and Title:	
CLE V INITE Name and Titl	AL OFFICERS AND/OR DIRECTORS Alfredo Ochoa Alvarez, Pre	Sident Name and Title:	
CLE V INITE Name and Titl Address	AL OFFICERS AND/OR DIRECTORS Alfredo Ochoa Alvarez, Pree 22844 SW 104 Ave Cutler Bay, FL 33190	esident Name and Title: Address:	
Name and Titl Address	AL OFFICERS AND/OR DIRECTORS Alfredo Ochoa Alvarez, Pre 22844 SW 104 Ave Cutler Bay, FL 33190	Name and Title: Address: Name and Title: Address:	
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS Alfredo Ochoa Alvarez, Pree 22844 SW 104 Ave Cutler Bay, FL 33190	Name and Title: Name and Title: Name and Title:	
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS Alfredo Ochoa Alvarez, Pre 22844 SW 104 Ave Cutler Bay, FL 33190	Name and Title: Address: Name and Title: Address:	
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Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS Alfredo Ochoa Alvarez, Pre 22844 SW 104 Ave Cutler Bay, FL 33190	Name and Title: Address: Name and Title: Address:	
Name and Title Address Name and Title Address	Alfredo Ochoa Alvarez, Pre	Sident Name and Title: Address: Name and Title: Address:	
Name and Title Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS Alfredo Ochoa Alvarez, Pre 22844 SW 104 Ave Cutler Bay, FL 33190	Name and Title: Name and Title: Name and Title: Name and Title: Name and Title:	
Name and Title Address Name and Title Address	Alfredo Ochoa Alvarez, Pre	Name and Title: Name and Title: Name and Title: Name and Title: Name and Title:	
Name and Title Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS Alfredo Ochoa Alvarez, Pre 22844 SW 104 Ave Cutler Bay, FL 33190	Name and Title: Name and Title: Name and Title: Name and Title: Name and Title:	

Name an	d Title:	Name and Title:	
Address			
			·
ARTICLE VI	<u>REGISTERED AGENT</u>		
The name and Fl	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Alfredo Ochoa Alvarez		
Address:	22844 SW 104 Ave	_	
	Cutler Bay, FL 33190		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Alfredo Ochoa Alvarez	_	
Address:	22844 SW 104 Ave	<u> </u>	
	Cutler Bay, FL 33190		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if o	ther than the date of filing:	(OPTIONAL	.)
filing.)	te is listed, the date must be specific and can	not be more than five days p	prior or 90 days after the
Note: If the date is the document's eff	nserted in this block does not meet the applicable rective date on the Department of State's records	le statutory filing requiremen s.	ts, this date will not be listed as
Having been name certificate, I am foi	d as registered agent to accept service of process miliar with and accept the appointment as registe	for the above stated corporati ered agent and agree to act in	ion at the place designated in this this capacity
	Afredo Ochoa Alvarez Required Signature/Registered Agent		06/19/2024
	Required Signature/Registered Agent		06/19/2024 Date
I submit this docu document to the De	ment and affirm that the facts stated herein are partment of State constitutes a third degree felot	e true. I am aware that the f my as provided for in s.817.15	alse information submitted in a 5, F.S.
	Grado Ochoa Alvarez	. 9	06/19/2024
Required Signature	Incorporator	Da	ate