

P24000061337

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000333833 3)))



H24000333833ABCS

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : FASTKIT CORP  
Account Number : I20100000005  
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: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 OCT -2 PM 3:49

RECEIVED

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ANGELS MUSE CORP**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 OCT -2 PM 11:23

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

**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: ANGELS MUSE CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

750 W 84TH ST750 W 84TH STHIALEAH, FL 33014HIALEAH, F 33014**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: WISSAM S. NAAMANI

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

Address 750 W 84TH ST

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

HIALEAH, FL 33014PRESIDENT (100 SHARES)

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
 2024 OCT -2 PM 11:23  
 HAYES STATE  
 TALLAHASSEE, FLORIDA

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: WISSAM S. NAAMANI

Address: 750 W 84TH ST

HIALEAH, FL 33014

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

Name: WISSAM S. NAAMANI

Address: 750 W 84TH ST

HIALEAH, FL 33014

FILED  
 2024 OCT -2 PM 11:23  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: OCTOBER 01, 2024 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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 Wissam

Required Signature/Registered Agent

OCTOBER 01, 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.817.155, F.S.*

X Wissam

Required Signature/Incorporator

OCTOBER 01, 2024

Date