

10/21/24, 2:08 PM

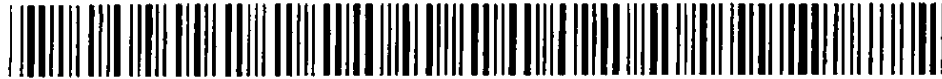
Division of Corporations

P 24 0000 65167

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.

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To:

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

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
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

WEST BEKAA INC

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

RECEIVED

2024 OCT 21 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FL

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: WEST BEKAA INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

5588 WEST FLAGLER ST

CORAL GABLES FLORIDA 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSSINES

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES AT \$ 1.00 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMILE KHARFAN

Name and Title: _____

Address 5588 WEST FLAGLER ST

Address: _____

CORAL GABLES FLORIDA 33134

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: JAMILE KHARFAN
Address: 5588 WEST FLAGLER ST
CORAL GABLES FLORIDA 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMILE KHARFAN
Address: 5588 WEST FLAGLER ST
CORAL GABLES FLORIDA 33134

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:

JAMILE KHARFAN 10/18/2024
Required Signature/Registered Agent 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.

JAMILE KHARFAN 10/18/2024
Required Signature/Incorporator Date

10/21/24

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