

1/22/25, 4:08 PM

Division of Corporations

P25000003924

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.

((H250000261593)))



H250000261593AEC

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

S. CHATHAM

From:

Account Name : FASTKIT CORP
Account Number : 120100000099
Phone : (305)599-0839
Fax Number : (305)592-9591

JAN 25 2025

****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
MIAMI HEIGHTS CORP.**

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

RECEIVED

2025 JAN 23 AM 10:13

2025 JAN 22 PM 3:05

2025 JAN 22 PM 3:05
SECRETARY OF STATE

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: MIAMI HEIGHTS CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7901 4th N, Suite #4779, St. Petersburg, FL 33702

7901 4th N, Suite #4779, St. Petersburg, FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any purpose allowed in the state of Florida.

ARTICLE IV SHARES

1,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MOATH A ALRAWHANI, PRESIDENT

Name and Title: _____

Address 7901 4th N, Suite #4779,
St. Petersburg, FL 33702

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2025 JAN 22 PM 3:05
ST. PETERSBURG, FL 33702

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: Registered Agents, INC
 Address: 7901 4th N, Suite #4779,
St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MOATH A ALRAWHANI
 Address: 7901 4th N, Suite #4779,
St. Petersburg, FL 33702

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

Moath Alrawhani

Required Signature/Registered Agent

01-18-2025

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.

Moath Alrawhani

Required Signature/Incorporator

01-18-2025

Date