

P17000016796

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.

(((H17000050862 3)))



H170000508623ABC5

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 : 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
DESIGN BY LUCY CORP**

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

FILED
TALLAHASSEE, FLORIDA

17 FEB 22 PM 1:36

FILED

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

ARTICLE I NAME DESIGN BY LUCY CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
_____	_____
7068 NW 50 ST	7068 NW 50 ST
_____	_____
MIAMI, FL 33166	MIAMI, FL 33166
_____	_____

ARTICLE III PURPOSE FLOWERS DESIGN
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100 SHARES
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>LUCILA ENCISO</u>	Name and Title: <u>ALEJANDRO FONTALVO</u>
Address: <u>2941 SW 149 AVE</u>	Address: <u>2941 SW 149 AVE</u>
<u>MIAMI, FL 33185</u>	<u>MIAMI, FL 33185</u>
<u>PRESIDENT (75 SHARES)</u>	<u>VICE-PRESIDENT (25 SHARES)</u>
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

FILED
17 FEB 22 PM 1:56
TALLAHASSEE FL

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: LUCILA ENCISO
 Address: 2941 SW 149 AVE
MIAMI, FL 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUCILA ENCISO
 Address: 2941 SW 149 AVE
MIAMI, FL 33185

FILED
 17 FEB 22 PM 1:37
 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: FEBRUARY 21, 2017 (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

Lucila Enciso de Castro
 Required Signature/Registered Agent

02/21/17
 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.

[Signature]
 Required Signature/Incorporator

02/21/17
 Date