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Florida Department of State  
Division of Corporations  
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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  
DESIGN BY LUCY CORP

Certificate of Status	0
Certified Copy	1
Page Count	02
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**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: _____
_____	_____
_____	_____

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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

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**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