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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
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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

Inca Brickell 1010 Inc

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

17 APR -6 PM 3:52

17 APR -6 PM 2:35

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: Inca Brickell 1010 Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5600 SW 135 ave Suite 106 R
Miami FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal Activities.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Abraham Casallas Name and Title: _____

Address 5600 SW 135 AV. #106R Address: _____
Miami FL 33183
Director

Name and Title: Gabriel S. Diaz-Sarmiento Name and Title: _____

Address 5600 SW 135 AV #106 R Address: _____
Miami FL 33183
Secretary

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: Gabriel S. Diaz-Sarmiento
 Address: 5600 SW 135 AV #106R
Miami, FL 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gabriel S. Diaz-Sarmiento
 Address: 5600 SW 135 AV SUITE 106R
MIAMI, FL 33183

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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

 Required Signature/Registered Agent 4/6/17
 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.

 Required Signature/Incorporator 4/6/17
 Date