

P21000018140  
Division of Corporations

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

21 FEB 26 PM 9 17

\*\*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  
LINE LEADER, INC.

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

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J DENNIS  
MAR - 1 2021

**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: LINE LEADER, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5409 SW 139 CT  
MIAMI, FL 33175

Mailing address, if different is:  
5409 SW 139 CT  
MIAMI, FL 33175

**ARTICLE III PURPOSE**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21 FEB 25 PM 9 17

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES AT \$1.00 PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Anacary Gonzalez Ruiz, President

Address: 5409 SW 139 CT  
MIAMI, FL 33175

Name and Title: Monica Gonzalez, Vice President

Address: 5409 SW 139 CT  
MIAMI, FL 33175

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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: Anacary Gonzalez Rulz

Address: 5409 SW 139 Ct

Miami, FL 33175

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Monica Gonzalez

Address: 5409 SW 139 CT

MIAMI, FL 33175

**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*

Anacary Gonzalez Rulz  
Required Signature/Registered Agent

2-25-2021  
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.*

Monica Gonzalez  
Required Signature/Incorporator

2-25-2021  
Date