

1/22/25, 4:08 PM

Division of Corporations

**P25000003924**

Florida Department of State

Division of Corporations  
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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

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SECRETARY OF STATE

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**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