

2/10/25, 2:29 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing *Cover Sheet*

P25000007535

2-11-25

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.

(((H25000051268 3)))



H250000512683ABCs

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 : 120100000009
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
HASHTAG ENTERPRISES CORP.

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

RECEIVED
 2025 FEB 10 PM 3:19

FILED
 SECRETARY OF STATE
 25 FEB 10 PM 12:01

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: HASHTAG ENTERPRISES CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 6427 NW 105TH CT
DORAL, FL 33178
Mailing address, if different is: 6427 NW 105TH CT
DORAL, FL 33178

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TECHNOLOGY SERVICES

ARTICLE IV SHARES
The number of shares of stock is: 1,000 SHARES AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>DARIO SASSI THOBER, PR</u>	Name and Title:	_____
Address	<u>6427 NW 105TH CT</u> <u>DORAL, FL 33178</u>	Address:	_____
Name and Title:	<u>JORGE ARUCA, VP</u>	Name and Title:	_____
Address	<u>6427 NW 105TH CT</u> <u>DORAL, FL 33178</u>	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

FILED
SECRETARY OF STATE
25 FEB 10 PM 12:02

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: CABANAS & ASSOCIATES, PA
 Address: 9850 NW 41ST ST. - STE. #140
 DORAL, FL 33178

FILED
 SECRETARY OF STATE
 25 FEB 10 PM 12:02
 CORPORATIONS

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

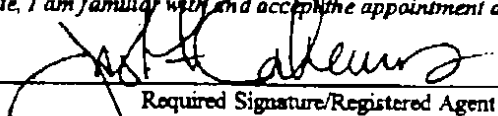
Name: CABANAS & ASSOCIATES, PA
 Address: 9850 NW 41ST ST. - STE. #140
 DORAL, FL 33178

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: N/A (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.

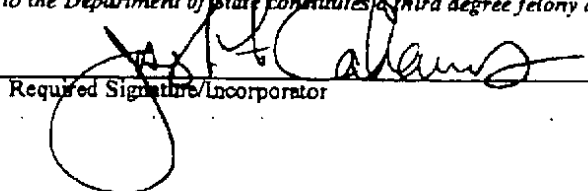
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Required Signature/Registered Agent

 FEBRUARY 10, 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.



 Required Signature/Incorporator

 FEBRUARY 10, 2025
 Date