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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: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL 12 AM 11:16

APPROVED  
AND  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
AMC TREASURE COAST, INC.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

AMC TREASURE COAST, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

6605 N.W. 74 AVE.  
MIAMI FL. 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TRANSPORTATION

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

List name(s), address(es) and specific title(s):

RAUL MEDINA, JR PRESIDENT - 6605 NW 74 AVE MIAMI  
CHARLES MAYMON Director 33166  
6605 NW 74 AVE Miami FL 33166

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

RAUL MEDINA, JR  
6605 N.W. 74 AVE.  
MIAMI FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

RAUL MEDINA JR  
6605 NW 74 AVE  
MIAM. FL 33166

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

7-9-10  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7-9-10  
\_\_\_\_\_  
Date