Division of Corporations Electronic Filing Cover Sheet

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.

(((H10000191629 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

The state of the s

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 | : | | | |
|-------|---------|---|--|--|--|
| | | | | | |

FLORIDA PROFIT/NON PROFIT CORPORATION AEROPARTES TOM'S, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

RECEIVED AUG 2 6 2010

https://efile.sunbiz.org/scripts/efilcovr.exe

8/26/2010



ARTICLES OF INCORPORATION OF AEROPARTES TOM'S, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above, name corporation organized under the laws of the State of Florida, and all rights, duties and obligations in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

AEROPARTES TOM'S, INC.

The principal place of business shall be: 4995 N.W. 72 Avc. Suite #205.

Miami FL 33166

ARTICLE U

This corporation shall commence existence upon the filing of these Article of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the husiness and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Transact any end all lawful business

(2) Said corporation shall further have powers: To have perpetual succession by it's corporate

Name: AEROPARTES TOM'S, INC.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of (1,000) shares, having an individual par value of \$100,00.

Unles otherwise stated in these articles, or in an amendment to these articles, there shall be only one (I) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

TOMAS CEDEÑO

The principal office shall be:

4995 N.W. 72 AVENUE SUITE #205 MIAMI FLORIDA, 33166

ARTICLE VI

The initial Board of Directors shall consist of a total of two (2) persons, and the name and address of the person who is to serve as an initial director is:

(P) TOMAS CEDEÑO (PP) CARIELA CEDEÑO

4995 N.W. 72 Avenue Suite #205 Minut FL 23166 4995 N.W. 72 Avenue Suite #205 Miami FL 23166

ARTICLE VII

The name and address of the incorporator executing these Articles of incorporation is:

TOMAS CEDEÑO 4995 N.W. 72 Ave. Suite #205 MIAMI FLORIDA 33166

IN WITNESS WHERE OF, the undersigned incorporator has(ve) executed these Articles of incorporations this day of 08/19/2010



CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida. Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of Corporation is:

AEROPARTES TOM'S, INC.

2.- The name and address of the registered agent and office is:

TOMAS CEDEÑO 4995 N.W. 72 AVE. SUITE #205 MIAMI, FLORIDA 33166

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREEE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE