

P11000010227

Florida Department of State  
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.**

(((H11000024362 3)))



H110000243623ABCT

**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 : T20100000009  
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  
360 DESIGN & PRINT MEDIA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

RECEIVED

11 JAN 28 PM 4: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAAPPROVED  
AND  
FILED

11 JAN 28 PM 1: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

11 JAN 28 PM 1:16

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: **360 DESIGN & PRINT MEDIA, INC.** **SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

660 9th St. North  
Naples, FL 34102

Mailing address, if different is:

P.O. Box 8673  
Naples, FL 34101

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Profit.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 at \$100 each

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

Name and Title: **ROBERT ALPIZAR**  
Address: **660 9th St. North  
Naples, FL 34102**

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

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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


Name: **ROBERT ALPIZAR**  
Address: **660 9th St. North • Naples, FL 34102**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **ROBERT ALPIZAR**  
Address: **660 9th St. North • Naples, FL 34102**

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

01/28/11

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

01/28/11

Date