

P11000010227

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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, FLORIDA

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: **360 DESIGN & PRINT MEDIA, INC.**

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