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Fastkit Co

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Division of Corporations

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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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
FREIRE INSURERS GROUP, INC.

Certificate of Status	0
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Page Count	02
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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:

FREIRE INSURERS GROUP, INC.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

17048 NW 19 ST**PEMBROKE PINES, FL 33028****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

INSURANCE SALES COMMISSIONS**ARTICLE IV SHARES**

The number of shares of stock is:

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

Name and Title:

WINSTON FREIRE P. S. T

Name and Title:

Address:

17048 NW 19 ST

Address:

PEMBROKE PINES, FL 33028

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

(cont.)

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:

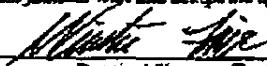
Name: WINSTON FREIRE
Address: 17048 NW 19 ST
PEMBROKE PINES, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WINSTON FREIRE
Address: 17048 NW 19 ST
PEMBROKE PINES, FL 33028

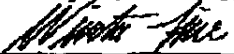
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature/Registered Agent

2/13/13
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

2/13/13
Date

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