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COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: Super Fost Securices, Inc. Name of corporation - must include suffix |
| Dear Sir or Madam: |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida. |
| Please return all correspondence concerning this matter to the following: |
| Morriet A. Ostos Name of Person |
| Super Forst Services, Inc Firm/Company |
| 12001 Avoilon Lake Dr Apt 424 Address |
| Orlando FL 32828 City/State and Zip code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Enclosed is a check for the following amount: |
| \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certificate of Status |



RECEIVED 10 DEC -7 PM 2: 17

FLORIDA DEPARTMENT OF STATEAHASSEE, FLORIDA Division of Corporations

November 23, 2010

MANET A OSTOS SUPER FAST SERVICES, INC 12001 AVALON LAKE DR, APT 424 ORLANDO, FL 32828

SUBJECT: SUPER FAST SERVICES, INC.

Ref. Number: W10000054900

We have received your document for SUPER FAST SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II

Letter Number: 110A00027530

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. |
|--|
| 1. Content name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") |
| me., co., co.p., me, co., or co.p.) |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) |
| 2. Geovard 3. 27-0853781 |
| (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| 4. De petua (Duration: Year corp. will cease to exist or "perpetual") |
| (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) |
| 7. 6309 Roswell Rd Ste 20 Attorta, Ga 30328 (Principal office address) |
| 12001 Avoilon Love Dy Apt 424 Cylondo Fl. (Current mailing address) |
| 8. Opening a new location by FL State. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) |
| 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) |
| Name: Moriet Ostos |
| Office Address: 12001 Avalon Lore Dr Act 4124 |
| (City), Florida 32 22 |
| 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. |
| (Registered agent's signature) |
| |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

· 12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: Address: __ Director: __ Address: ____ **B. OFFICERS** President: Vice President: Address: O Secretary: Address: Treasurer: _ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

(Typed or printed name and capacity of person signing application)

Driet ()STOS

Control No. 09062088

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

SUPER FAST SERVICES, INC

Domestic Profit Corporation

was formed or was authorized to transact business on 09/02/2009 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 1st day of December, 2010

B: P.h-

Brian P. Kemp Secretary of State

Certification Number: 6261614-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp