# F130000 4241

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	<i>⇒ #</i> )
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SEGRETARY OF STATE CORPORATION



### COVER LETTER

TO: New Filing Sec Division of Cor			
SUBJECT: Fas	+ Action Inc.		
		on - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence	ion by Foreign Corporation fo e," or "Certificate of Good St n corporation to transact busi	anding" and check are sub	
	ondence concerning this mat		
KeithA	Name of Firm/Co		
	Name o	f Person	
FastAc	tran Inc		
	Firm/Co	шрапу	
22020	harlotte FL 3 City/State 2954 Egmail, con		
	Ado	lress	
Port C	harlotte FL 3	3954	
	City/State	and Zip code	
K33	954 egmail, co	M	
***************************************	E-mail address: (to be use	for future annual report n	otification)
For further information	concerning this matter, please	e call:	
Kaith	Post 941	( 677-8550	)
Name of Person	at (94/	a Code & Daytime Telepho	one Number
		•	
New Filing Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations  Center Circle  32301	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, Fi	ction orporations
Enclosed is a check for	the following amount:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	etion Inc.		TE ST
	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	A SEE
Simpl	y Great Proporties LC		630)
(If name unavailab	-	adopted for the purpose of transacting business in Florid	a) 🛂 👸
2. Delau	sare 3.	32-0242214 (FEI number, if applicable)	PH 1:29
•			23
4. 2/9/0	· <u>8</u>	(Duration: Year corp. will cease to exist or "perpetual"	
(Date o	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"	")
6	(SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7	2026 Voltair Ave, Port	Charlette FL 33954	
	(Principal office add	· /	
	Same as	Alosic	
8. Res	(Current mailing addi	ress)	
(Purpose(s)	of corporation authorized in home state or co	untry to be carried out in state of Florida)	
9. Name and street	address of Florida registered agent: (P.C	D. Box NOT acceptable)	
Name:	Harvard Business Servi	ices Keith Lefoy	
Office Address:	Harrard Business Servi	Les Keith Lehoy  22029 Voltain Are  Part Charlotte FL	1
	belies	, Florida	
	(City)	(Zip code)	
designated in this a further agree to con	d as registered agent and to accept servi pplication, I hereby accept the appoints	ice of process for the above stated corporation at t nent as registered agent and agree to act in this co relative to the proper and complete performance of f my position as registered agent.	apacity. I
	1/A ////		
	hell for flor		
<del></del>	(Registered agent's si	gnature)	

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: Keith LeRoy
Address: 22026 Voltair Ave
Port Charlotte FL 33954
Vice Chairman: Same
Address:
Director:Same
Address:
Director:
Address:
B. OFFICERS /
President: Kerth Lckof
Address: 22026 Voltair Ave
Port Charlate FL 33954
Vice President;
Address:
Secretary:
Address:
Treasurer: Same
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.  13.
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.
14. Keith LeRoy President
(Typed or printed name and capacity of person signing application)



## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FAST ACTION INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JULY,

A.D. 2013.

CHARLOTTE COUNTY CLERK OF CIRCUIT COURT OR BOOK 3799, PGS 264-264 1 pg(s) INSTR # 2207136 Doc Type CTF, Recorded 08/30/2013 at 09:44 AM Rec. Fee: \$10.00 Cashiered By: PATT Doc. #:1

4503210 8300

130928191

AUTHENTY CATION: 0623434

DATE: 07-29-13

You may verify this certificate online at corp.delaware.gov/authver.shtml