

N1200000162

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
FAMILY ADVENTURES, INC.

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

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2/1/12



January 31, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: FAMILY ADVENTURES, INC.
REF: W12000005802

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

List the title of the person listed in Article V of your document. A non profit can not have less than 3 directors.

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

Ruby Dunlap
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000021310
Letter Number: 912A00003182

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

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ARTICLE I NAME FAMILY ADVENTURES, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
900 E. MICHIGAN STREET
ORLANDO, FL 32806

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different, is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE A SETTING TO STRENGTHEN FAMILY VALUES AND UNITY, AND ENCOURAGE INTERACTION BY PROVIDING ENGAGING FUN ACTIVITIES AND QUALITY PROGRAMS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The manner in which the directors are elected is as stated in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL YOUNG
Address: 1722 FOX GLEN COURT
WINTER SPRINGS, FL 32708
President

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: BARRY N. BRUMER, ESQ.
Address: 900 E. MICHIGAN STREET
ORLANDO, FL 32806

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

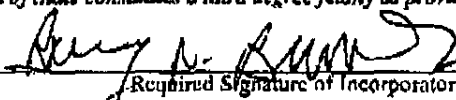
Name: BARRY N. BRUMER, ESQ.
Address: 900 E. MICHIGAN STREET
ORLANDO, FL 32806

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 of Registered Agent

1/27/12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

1/27/12
Date