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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
Account Number : I20100000009
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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.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Cambrian Worldwide Releasing Service Inc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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April 7, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: CAMBRIAN WORLDWIDE RELEASING SERVICE INC
REF: W14000021950

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.

The "Registered Agent's" name must be listed as it appears in our records.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000080321
Letter Number: 014A00007371

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

ARTICLE I NAME

The name of the corporation shall be: Cambrian Worldwide Releasing Service Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

565 NE 66th St #2

Miami, Fl 33138

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Non-Profit organization dedicated to marketing the print and digital media products of small nations and minority Language regions abroad on an International basis for educational purposes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

As stated by bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Powers-Officer

Address: 565 NE 66th St #2
Miami, Fl 33138

Name and Title: Mark Woods-Officer

Address: 565 NE 66th St #2
Miami, Fl 33138

Name and Title: Iris Seymour-Director

Address: 565 NE 66th St #2
Miami, Fl 33138

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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: Brito & Brito Accounting Inc.
Address: 407 Lincoln Rd Ste 9A
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Powers
Address: 565 NE 66 St # 2
Miami, FL 33138

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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

George Port
Required Signature of Registered Agent

04/03/2014

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.

Robert Powers
Required Signature of Incorporator

04/03/2014

Date