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Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 922-4001

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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## FLORIDA PROFIT CORPORATION OR P.A.

FAST SOLUTIONS CONSULTING, INC.

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

## ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

Fast Solution Consulting, Inc.

### ARTICLE II NATURE OF BUSINESS

The nature of this business shall be:

To provide marketing consulting services.

### ARTICLE III PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8888 Collins Avenue, Suite 408  
Surfside, FL 33154

### ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Common Shares

### ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

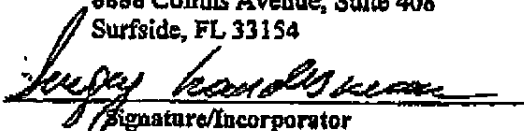
The name and Florida street address of the initial registered agent is:

Sergey Landesman  
8888 Collins Avenue, Suite 408  
Surfside, FL 33154

### ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Sergey Landesman  
8888 Collins Avenue, Suite 408  
Surfside, FL 33154

  
Signature/Incorporator

  
Date

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

  
Signature/Registered Agent

  
Date

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