

# PO4000051860

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0381

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR PA**

**W. KIRILOFF & ASSOCIATES, INC.**

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

W. Kiriloff & Associates, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/trading address is:

9855 FAIRWAY COVE LANE  
Plantation, Fl. 33324

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any + ALL legal purposes

**ARTICLE IV SHARES**

The number of shares of stock is:

Authorized 1000 Issued + outstanding 100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

W. William Kiriloff President

**ARTICLE VI REGISTERED AGENT**

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

W. William Kiriloff  
9855 FAIRWAY COVE LANE  
Plantation, Fl 33324

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

W. William Kiriloff  
9855 FAIRWAY COVE LANE  
Plantation, Fl 33324

\*\*\*\*\*  
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

W. William Kiriloff  
Signature/Registered Agent

3/22/04  
Date

W. William Kiriloff  
Signature/Incorporator

3/22/04  
Date