

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORPORATE OUTFITS
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2008 DEC 17 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

FINCA ADENIMI, INC.

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DIVISION OF CORPORATIONS

FINCA ADENIMI, INC.

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The name of the corporation shall be:

The principal place of business of this corporation shall be:

ARTICLE II NATURE OF BUSINESS

ARTICLE III: CAPITAL STOCK

1000 SHARES OF COMMON STOCK AT \$1.00 EACH.

This corporation is to exist perpetually.

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

PRESIDENT

Vice-President
SECRETARY

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

TOMAS MAYOR 19780 S.W. 177 Ave
P.M.B. # 118
MIAMI, FL 33187

% OF PARTICIPACION

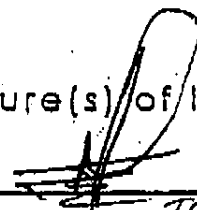
50%

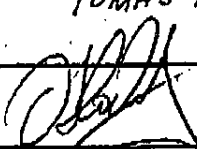
OTTO M. VALL-ARRIETE 19780 S.W. 177 Ave
P.M.B. # 118
MIAMI, FL 33187

50%

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 13th day of DECEMBER, A.D. 2008

Signature(s) of Incorporator(s)



TOMAS MAYOR


OTTO M. VALL-ARRIETE

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

FINCA ADELNIMI, INC.

2. The name and address of the registered agent and office is:

TOMAS MAYOR

(P.O. BOX NOT ACCEPTABLE)

19780 S.W. 177 Ave A.M.B #118 MIAMI, FL 33187
(CITY/STATE/ZIP)

SIGNATURE _____

TITLE _____

REGISTERED AGENT

DATE _____

12-13-2008

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE _____

DATE _____

12-13-2008

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TALLAHASSEE, FLORIDA