

Florida Department of State  
Division of Corporations  
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To:

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

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From:

Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

**\*\*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  
TROPICAL ZENSATION, INC.

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

2010 MAR 31 PM 1:16  
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TALLAHASSEE, FLORIDA

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## 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:

TROPICAL ZENSATION, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal ~~street~~ address and mailing address, if different is:

86700 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL GIFT SALES

### ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

LAZARO A. RODRIGUEZ  
86700 OVERSEAS HWY,  
ISLAMORADA, FL 33036

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

DANIEL M. KEIL, P.A., REGISTERED AGENT  
8500 COWPEN RD, SUITE 301  
MIAMI LAKES, FL 33014

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LAZARO A. RODRIGUEZ  
86700 OVERSEAS HWY,  
ISLAMORADA, FL 33036

\*\*\*\*\*  
*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*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

3/30/10

\_\_\_\_\_  
Date

3/30/10

\_\_\_\_\_  
Date

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