

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
Phone : (305) 599-0839
Fax Number : (305) 592-9591

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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
EVM INSURANCE CLAIM SERVICES INC**

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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:

EVM INSURANCE CLAIM SERVICES INC

ARTICLE II PRINCIPAL OFFICE

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

5000 SW 101 AV MIAMI FLORIDA 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CLAIM INSURANCE SERVICES

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):

EDWIN VINDELL 5000 SW 101 AV MIAMI FLORIDA 33165 P/T/D/

ARTICLE VI REGISTERED AGENT

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

EDWIN VINDELL 5000 SW 101 AV MIAMI FLORIDA 33165

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

EDWIN VINDELL 5000 SW 101 AV MIAMI FLORIDA 33165

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

05/04/2010

Date

05/04/2010

Date