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Florida Department of State  
Division of Corporations  
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Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
SCOTT COLDWELL, PA

Certificate of Status	0
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J. Shivers AUG 25 2010



August 24, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FASTKIT CORP

SUBJECT: SCOTT COLDWELL, P.A.  
REF: W10000039871

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please type in the name of the registered agent in article VI.,

If you have any further questions concerning your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H10000188717  
Letter Number: 710A00020246

**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:

SCOTT COLDWELL, PA

**ARTICLE II PRINCIPAL OFFICE**

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

5053 SW 107TH LOOP  
OCALA, FL 34476

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

REAL ESTATE BROKER

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

SCOTT 5053 SW 107TH PRESIDENT  
COLDWELL LOOP OCALA,  
FL 34476

**ARTICLE VI REGISTERED AGENT**

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

5053 SW 107TH LOOP  
OCALA, FL 34476

SCOTT COLDWELL

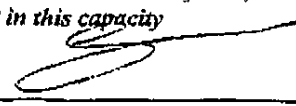
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

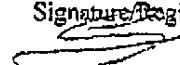
SCOTT COLDWELL  
5053 SW 107TH LOOP  
OCALA, FL 34476

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\*\*\*\*\*  
*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

8-20-10  
\_\_\_\_\_  
Date

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

8-20-10  
\_\_\_\_\_  
Date