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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

RECEIVED DEC 7 2010

****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
JH REAL ESTATE PROPERTIES, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC -7 PM 3:06

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.A. (Profit)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

JH REAL ESTATE PROPERTIES, INC

ARTICLE I: Name

The name of the corporation shall be:

JH REAL ESTATE PROPERTIES, INC

ARTICLE II: Principal Office

Principal address:

Mailing address, if different:

10773 NW 58 ST # 613
DORAL, FL 33178

ARTICLE III: Purpose

The purpose for which the corporation is organized is:

ARTICLE IV: Shares

The aggregate number of shares of stock and its par value that this corporation is authorized to issue and have outstanding at any one time is: 1,000 shares of common stock, par value \$1.00 per share.

ARTICLE V: Initial Officers and/or Directors

Name, Title and address:

Jesus Hernandez
President
10773 NW 58 ST # 613
DORAL, FL 33178

(Continued)

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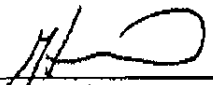
ARTICLE VI: Registered Agent and Incorporator

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Armando Hernandez, CPA, PA
2320 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Having been named as registered agent and 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.




Required Signature/Registered Agent

12/6/10

Date

Armando Hernandez, CPA, PA
2320 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

12/6/10

Date