

P11000008218

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.

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FLORIDA PROFIT/NON PROFIT CORPORATION
AKROTIRI CORP

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

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J. Shivers JAN 26 2011



January 21, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: AKROTIRI CORP
REF: W1100004001

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.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

If you have any further questions concerning your document, please call (850) 245-6962.

Valarie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000017085
Letter Number: 411A00001820

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

ARTICLE I NAME AKROTIRI CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
8886 WEST FLAGLER ST # 201
MIAMI FL 33174

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
HEALTH SERVICES AND ALL OTHER ACTIVITIES PERMITTED BY THE LAW OF THE STATE
OF FLORIDA AND THE UNITED STATES OF AMERICA

ARTICLE IV SHARES
The number of shares of stock is: 99 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID A CASTILLO P/D 33 SHARES Name and Title: _____
Address: 7747 SW 86 ST # D404 Address: _____
MIAMI FL 33143 _____

Name and Title: MARIA G FURLAN S/D 33 SHARES Name and Title: _____
Address: 7747 SW 86 ST # D404 Address: _____
MIAMI FL 33143 _____

Name and Title: ANNABELLA LOU T/D 33 SHARES Name and Title: _____
Address: 8886 WEST FLAGLER ST # 201 Address: _____
MIAMI FL 33174 _____

ARTICLE VI REGISTERED AGENT

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

Name: DAVID A CASTILLO
Address: 8886 WEST FLAGLER ST # 201
MIAMI FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID A CASTILLO
Address: 7747 SW 86 ST # D404
MIAMI FL 33143

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




Required Signature/Registered Agent

01/20/2011

Date

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

01/20/2011

Date

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