

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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

**\*\*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  
INSPIRED BY ANGELS HANDS CORP

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

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

**ARTICLE I NAME** INSPIRED BY ANGELS HANDS CORP  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8290 LAKE DRIVE SUITE 214  
MIAMI FLORIDA 33166

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**ALL 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: 100 SHARES

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

Name and Title: MARTHA CECILIA OROZCO P/D/T  
Address: 8290 LAKE DRIVE SUITE 214  
MIAMI FLORIDA 33166  
100 SHARES

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: MARIA FERNANDA AGUIRRE SECRETARY  
Address: 8290 LAKE DRIVE SUITE 214  
MIAMI FLORIDA 33166

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: MARTHA CECILIA OROZCO  
Address: 8290 LAKE DRIVE SUITE 214  
MIAMI FLORIDA 33166

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: MARTHA CECILIA OROZCO  
Address: 8290 LAKE DRIVE SUITE 214  
MIAMI FLORIDA 33166

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

Martha Cecilia Orozco G.  
Required Signature/Registered Agent

03/18/2011

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.

Martha Cecilia Orozco G.  
Required Signature/Incorporator

03/16/2011

Date

FILED  
MAR 16 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA