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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: _____

RECEIVED
11 MAY 12 PM 3:58
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION
T.B.P. TRUCKING CORP.

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

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TALLAHASSEE, FLORIDA

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APPROVED
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11 MAY 12 AM 11:19

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: T. B. P. TRUCKING CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1015 S.E. 16TH PLACE
CAPE CORAL, FL 33990

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
TO DO BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IDALMIS ALMEIDA PD
Address: 1015 SE 16TH PLACE
CAPE CORAL, FL 33990

Name and Title:
Address:

Name and Title: EDUARDO ALMEIDA SE/TR
Address: 1016 SE 16TH PLACE
CAPE CORAL, FL 33990

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: IDALMIS ALMEIDA
Address: 1016 SE 16TH PLACE
CAPE CORAL, FL 33990

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: IDALMIS ALMEIDA
Address: 1016 SE 16TH PLACE
CAPE CORAL, FL 33990

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

I Idalmis Almeida
Required Signature/Registered Agent — Date: 05/10/2011

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.

I Idalmis Almeida
Required Signature/Incorporator — Date: 05/10/2011