

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 18 AM 10:51

FLORIDA PROFIT/NON PROFIT CORPORATION

D. C. Massage & Rehabilitation Services Corp.

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

Electronic Filing Menu

Corporate Filing Menu

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PS 5/18/11

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

11 MAY 18 AM 10:51

ARTICLE I NAME

The name of the corporation shall be: **D. C. Massage & Rehabilitation Services Corp.**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
6485 S.W. 25 Street
Miami, FL 33155

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is: **100 shares**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Denis Chavez - President**
Address: **6485 S.W. 25 Street**
Miami, FL 33155

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: **Denis Chavez**
Address: **6485 S.W. 25 Street**
Miami, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Denis Chavez**
Address: **6485 S.W. 25 Street**
Miami, FL 33155

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

5/18/11

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

5/18/11

Date