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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

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Account Name : FASTKIT CORP.
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FLORIDA PROFIT/NON PROFIT CORPORATION

The King of Wraps.com, Inc.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

The King of Wraps.com, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal Address: 9204 U.S. Hwy 19 North, Suite #2
Port Richey, FL 34688

Mailing Address: 9204 U.S. Hwy 19 North, Suite #2
Port Richey, FL 34688

ARTICLE III SHARES

The number of shares of stock this corporation is authorized to have outstanding at any one time is:

One-Thousand (1,000) Shares
Common Stock

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent is:

Cesar D. Yepes
9204 U.S. Hwy 19 North, Suite #2
Port Richey, FL 34688

ARTICLE V INCORPORATORS

The name and address of the incorporators to these Articles of Incorporation are:

Cesar D. Yepes
9204 U.S. Hwy 19 North, Suite #2
Port Richey, FL 34688

ARTICLE VI OFFICERS

The officer(s) of the corporation are:

Cesar D. Yepes - President
9204 U.S. Hwy 19 North, Suite #2
Port Richey, FL 34688

Kira A. Yepes - Secretary, Treasurer
9204 U.S. Hwy 19 North, Suite #2
Port Richey, FL 34688

ARTICLE VII DIRECTORS

The director(s) of the corporation are:

Cesar D. Yepes - Director
9204 U.S. Hwy 19 North, Suite #2
Port Richey, FL 34688

Kira A. Yepes - Director
9204 U.S. Hwy 19 North, Suite #2
Port Richey, FL 34688


Signature/Incorporator

7-25-11
Date

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

7-25-11
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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