

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 : 120100000009  
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Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
OM & FG GROUP 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**  
The name of the corporation shall be: OM & FG GROUP CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
590 SW 10 ST SUITE 1  
MIAMI FLORIDA 33130

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TRANSPORTATION AND ALL OTHER ACTIVITIES PERMITTED BY THE STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES

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

Name and Title: FLOR GARCIA P/T/D  
Address: 590 SW 10 ST SUITE 1  
MIAMI FLORIDA 33130  
50 SHARES

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

Name and Title: ORLANDO MAYORGA VP/S/D  
Address: 590 SW 10 ST SUITE 1  
MIAMI FLORIDA 33130  
50 SHARES

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: ORLANDO MAYORGA  
Address: 590 SW 10 ST  
MIAMI FLORIDA 33130

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: FLOR GARCIA  
Address: 590 SW 10 ST  
MIAMI FLORIDA 33130

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

08/19/2011  
\_\_\_\_\_  
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.817.135, F.S.

  
\_\_\_\_\_  
Required Signature/Incorporator

08/19/2011  
\_\_\_\_\_  
Date