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**P11000081272**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6361

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  
IFA RELIGION SERVICES, INC.**

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

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Corporate Filing Menu

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*MRS 9/15*

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME** IFA RELIGION SERVICES, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
14711 SW 73 TERR  
MIAMI, FL 33193

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
TO CONDUCT LAWFUL BUSINESS.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: GEORATNI BOZA, P. VP, D  
Address: 14711 SW 73 TERR  
MIAMI, FL 33193

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: GEORATNI BOZA  
Address: 14711 SW 73 TERR  
MIAMI, FL 33193

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: GEORATNI BOZA  
Address: 14711 SW 73 TERR  
MIAMI, FL 33193

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

*Georatti Boza*

Required Signature/Registered Agent

9/12/2011  
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.

*Georatti Boza*

Required Signature/Incorporator

9/12/2011  
Date