

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP
Account Number : 120100000009
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
PINE ISLAND GAS, INC.

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

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Corporate Filing Menu

Help

RECEIVED
12 MAR -9 PM 4:45
DIVISION OF CORPORATIONS

FILED
12 MAR -9 AM 11:46
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Ps 3/12/12

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAR -9 AM 11:46

ARTICLE I NAME PINE ISLAND GAS, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
4401 N. PINE ISLAND ROAD
SUNRISE, FL 33351

Mailing address, if different is:
2990 N.W. 24 STREET
MIAMI, FL 33142

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ORESTES FLORES, PRESIDENT	Name and Title: _____
Address: 2990 N.W. 24 STREET	Address: _____
MIAMI, FL 33142	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ORESTES FLORES
Address: 2990 N.W. 24 STREET
MIAMI, FL 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ORESTES FLORES
Address: 2990 N.W. 24 STREET
MIAMI, FL 33142

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

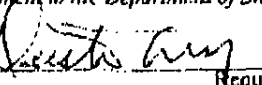


Required Signature/Registered Agent

3/7/12

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

3/7/12

Date