

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000114996 3)))



H120001149963ABCD

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

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

FILED  
12 APR 26 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*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**  
**NEBAJ PRODUCTS CORP.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

11204/27/12

FILED

12 APR 26 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME** NEBAJ PRODUCTS CORP.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
7747 SW 86 ST SUITE D-404  
MIAMI FLORIDA 33143

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
IMPORT AND EXPORT 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: DAVID A. CASTILLO  
Address: 7747 SW 86 ST SUITE D-404  
MIAMI FLORIDA 33143  
50 SHARES P/S/D

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

Name and Title: MARIA G. FURLAN  
Address: 7747 SW 86 ST SUITE D-404  
MIAMI FLORIDA 33143  
50 SHARES VP/T/D

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: DAVID A. CASTILLO  
Address: 7747 SW 86 ST SUITE D-404  
MIAMI FLORIDA 33143

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIA G. FURLAN  
Address: 7747 SW 86 ST SUITE D-404  
MIAMI FLORIDA 33143

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

04/26/2012

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

04/26/2012

Date