

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 : 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**

**Automotive Details By Ron, Inc.**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME** Automotive Details By Ron, Inc.  
The name of the corporation shall be:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1516 NE 11TH ST  
OCALA, FL 34470

Mailing address, if different is:

1516 NE 11TH ST  
OCALA, FL 34470

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO ENGAGE IN VARIOUS LEGAL ACTIVITIES IN THE STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: RON JAMIAN

Address: 1516 NE 11TH ST  
OCALA, FL 34470

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: RON JAMIAN  
Address: 1516 NE 11TH ST  
OCALA, FL 34470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RON JAMIAN  
Address: 1516 NE 11TH ST  
OCALA, FL 34470

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

5.1.2012

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.817.153, F.S.

✓ 

Required Signature/Incorporator

5.1.2012

Date