## P12000041974

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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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Office Use Only



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12 MAY -3 PM 4: 0
SECRETARY OF STATE
TALLAHASSEF FINDER

T. Bureh MAY " 4 2012,

## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	FASTECH AUTO	O MACHINE INC		·····
		(PROPOSED CORPO	RATE NAME - MUST INCLUD	E SUFFIX)
Enclosed are	an original and	d one (1) copy of the arti	icles of incorporation and a	a check for:
استهدا	\$70.00 [	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy
		a definitions of otatus	d Certified Copy	& Certificate of Status
			ADDITIONAL COP	Y REQUIRED
			·	
F	ROM: GRAD	CHRISTIAN Name (	Printed or typed)	
		) entari	ranted or typed)	
	POBC	X 388		
			Address :	
			ı	
•	ALTOC	NA, FL 32702	1	
		City	, State & Zip	
	(050) 7	74 0077	•	
	(352) 7	71-2077 Daytime	Telephone number	<del></del>
		<b>,</b>	•	
•	shanav	vay6262@aol.com		
		E-mail address: (to be used	d for future annual report notifica	ition)

NOTE: Please provide the original and one copy of the articles.

## **ARTICLES OF INCORPORATION**

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

ARTICLE I NAME The name of the corpore	ation shall be: FASTECH AUTO MACHINI	E INC							
ARTICLE II PRINCIPAL OFFICE  Principal street address				Mailing address, if different is: P O BOX 388					
30710 SE 9 ALTOONA,	-	ALTO	ONA, FL 32702						
ARTICLE III PURPOS The purpose for which the FOR PROFIT: A LEGAL	ne corporation is organized is:								
ARTICLE IV SHARES The number of shares o	=				SEOR TALL!	12 MAY		表	
ARTICLE V INITIAL ( Name and Title: Address:	PRESIDENT/VP/CEO GRADY M CHRISTIAN 30710 SE 97TH ST ALTOONA, FL 32702	_ Name and T _ Address: _	itle:	OFFICER BRANDY S DURI 20990 SE 147TH UMATILLA, FL 3	PLACE?	-3 PH	FILED		
Name and Title: Address:		_ Name and T _ Address: _	îtle:			‡: 05			
Name and Title: Address:		_ Name and T _ Address: _	Fitle:						
	ERED AGENT street address (P.O. Box NOT acceptable	– ) of the registe	red a	gent is:					
Name: Address:	GRADY M CHRISTIAN 30710 SE 97TH ST ALTOONA, FL 32784	- -							
ARTICLE VII INCOR The name and address Name: Address:	PORATOR  s of the Incorporator is:  GRADY M CHRISTIAN  30710 SE 97TH ST  ALTOONA, FL 32784	- -							
	s registered agent to accept service of pr familiar with and accept the appointmen							ınated	
* Upuf Clo	<u></u>					1/2012			
	Required Signature/Registered Agent and affirm that the facts stated herein entertiment of State constitutes a third degree				ormation	Date <b>subm</b>	itted i	n a	
* Ofreal (	Required Signature/Incorporator			<del>-</del>		1/2012 Date		_	