

P120000061123

Division of Corporations

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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  
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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: perigoyen@bellsouth.net

FLORIDA PROFIT/NON PROFIT CORPORATION  
AMERIKA 441, INC.

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

RECEIVED  
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MRS 7/12/12

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

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12 JUL 11 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME** AMERIKA 441, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
18700 NW 2 Avenue  
Miami, FL 33169

Mailing address, if different is:

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

**ARTICLE IV SHARES**  
The number of shares of stock is: 500

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

Name and Title: <u>AMAURY M. LUZARDO, PRESIDENT</u>	Name and Title: _____
Address: <u>881 SW 142 Court</u>	Address: _____
<u>Miami, FL 33184</u>	_____

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: Pedro Erigoyen  
Address: 2489 NW 7 Street  
Miami, FL 33125

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: AMAURY M. LUZARDO  
Address: 881 SW 142 Court  
Miami, FL 33184

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

7-11-12  
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

7/11/12  
Date