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PROFIT 74682

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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
InsureSolutions Inc.

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

12 AUG 30 AM 7:41

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME InsureSolutions Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 3601 SW 117 Avenue, Suite 101
Miami, Florida 33175
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
to transact any and all business permitted under the laws of the United States of America and
the laws of the State of Florida.

ARTICLE IV SHARES
The number of shares of stock is: 500 shares of Common Stock at \$1.00 par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Michael Zaldua, President Name and Title: _____
Address: 3601 SW 117 Avenue, Suite 101 Address: _____
Miami, FL 33175
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: Michael Zaldua
Address: 3601 SW 117 Avenue, Suite 101
Miami, FL 33175

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Michael Zaldua
Address: 3601 SW 117 Avenue, Suite 101
Miami, FL 33175

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

[Signature] Required Signature/Registered Agent 8/28/12 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.

[Signature] Required Signature/Incorporator 8/28/12 Date

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