

Nov 08 12:04:44p

Fastkit Corp.

305 91

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
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
M&M OT THERAPY, INC**

Certificate of Status	0
Certified Copy	1
Page Count	01
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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: **M&M OT THERAPY, INC****ARTICLE II PRINCIPAL OFFICE**Principal street address
2791 SW 86th Way
Davie, FL 33328Mailing address, if different is:

_____**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALL LAWFUL BUSINESS IN 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: **DINA DIMITRELOS**
Address: **2791 SW 86th Way**
Davie, FL 33328Name 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: **GEORGE L BRITO**
Address: **407 Lincoln Rd, Ste 9A**
Miami Beach, FL 33139**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **DINA DIMITRELOS**
Address: **2791 SW 86th Way**
Davie, FL 33328

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**11/06/2012**_____
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**11/06/2012**_____
Date

11/06/2012 PM 1:26
STATE
TALLAHASSEE, FLORIDA