

Nov 28 12:03:06p

Fast Kit Corp.

3055929591

p.1

Division of Corporations

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Florida Department of State
Division of Corporations
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((H12000279608 3)))

EFFECTIVE DATE 1-1-13



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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORP
Account Number : 20100000009
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
CORPORACION ODONTOLOGICA L & L, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION
OF
CORPORACION ODONTOLOGICA L & L, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

EFFECTIVE DATE 1-13

The name of the corporation shall be:

CORPORACION ODONTOLOGICA L & L, INC.

The principal place of business is:

5476 Enclave Crossing Way, Apt. T2
Delray Beach, FL 33484

ARTICLE II PURPOSE

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

100 shares at \$1.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually and shall commence its existence on **January 1st, 2013.**

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Fastkit Corp.

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DIVISION OF CORPORATIONS

12 NOV 28 AM 11:40

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

CORPORACION ODONTOLOGICA L & L, INC.

2. The name and address of the registered agent and office is:

Ana Maria Lavermicocca
5476 Enclave Crossing Way, Apt. T2
Delray Beach, FL 33484

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature _____

Ana Maria Lavermicocca

Date: November 28th, 2012