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Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : FASTKIT CORP
Account Number : 120100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

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**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.
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FLORIDA PROFIT/NON PROFIT CORPORATION

CARSAN CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

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

ARTICLE I NAME
The name of the corporation shall be: CARSAN CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

407 Lincoln Rd Ste 9A
Miami Beach, Fl 33139

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: All & Any lawful business in the State of Florida

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carina Quaranta- President
Address: 407 Lincoln Rd Ste 9A, Miami Beach, Fl 33139

Name and Title: Sandro Mastella-VP
Address: 407 Lincoln Rd Ste 9A, Miami Beach, Fl 33139

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Brito & Brito Accounting

Address: 407 Lincoln Rd Ste 9a

Miami Beach, Fl 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carina Quaranta

Address: 407 Lincoln Rd Ste 9a

Miami Beach, Fl 33139

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

_____ 7/30/2013

Required Signature/Registered Agent 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.

_____ 7/30/2013

Required Signature/Incorporator Date