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(((H14000019492 3)))



H140000194923ABC/

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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | |
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| | | | | |

FLORIDA PROFIT/NON PROFIT CORPORATION Namilor Corp

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 02 |
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Help

https://cfile.sunbiz.org/scripts/efilcovr.exe

1/24/2014

| • | ARTICLES OF INCO | | TA CAR |
|---|--|----------------------------|-------------------|
| ARTICLE I NAM The name of the corporat | ion shall be: Namilor Corp | | 2 |
| | NCIPAL OFFICE Principal <u>street</u> address | Mailing address, if | ~ (a) |
| Miami Beach, | | | 25 Z |
| ARTICLE III PURI The purpose for which the | POSE Ne corporation is organized is: All & Any | y lawful business in the S | State of Florida. |
| | | • | |
| ARTICLE IV SHA The number of shares of s | stock is: 100 | | |
| | <i>tal officers and/or birector.</i> Nora Portal- President | - | |
| Name and Title | 5600 Collins Ave Apt 10L | Name and Title: | |
| | Miami Beach, Fl 33140 | | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |

Secondary Control of the Control of

| Name and Title: | | Name and Title: | | |
|-------------------|--|--|--|--|
| Addre | | Address: | | |
| | | | | |
| | | | | |
| | | | | |
| ARTICLE VI | REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of | the seniorand arms in | | |
| Name: | Brito & Brito Accounting Inc. | ме герзано преи в. | | |
| Address: | 407 Lincoln Rd Ste 9A | | | |
| riodi eşs. | Miami Beach, Fl 33139 | ₩ | | |
| ; | | De He | | |
| ARTICLE VI | INCORPORATOR | 14 JAN 24 ALL ANESS | | |
| The name and | nuldress of the Incorporator is: | P. T. | | |
| Name: | Nora Portal | | | |
| Address: | 5600 Collins Ave Apt 10L | 2: 29 STATE FLORE | | |
| 710010001 | Miami Beach, Fl 33140 | 95 | | |
| Having been no | imed 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 regi- | stared agent and agree to act in this capacity | | |
| <u> </u> | 120 | 01/23/2014 | | |
| | Required Signature/Registered Agent | Date | | |
| I submit this do | cument and affirm that the facts stated herein are to Department of State constitutes a third degree felony | ue. I am aware that the false information submitted in a as provided for in s.817.155. F.S. | | |
| / | h Lott. | 01/23/2014 | | |
| | Required Signature/Incorporator | Date | | |