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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
DUX FORWARDING CORPORATION**

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

K 08/15/14

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

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

ARTICLE II PRINCIPAL OFFICE
Principal street address

2801 NW 74 AVENUE STE 122
MIAMI, FLORIDA 33122

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To buy, sell mortgage, lease, encumber,
alienate or otherwise deal in real property or otherwise improve real property
or personal property, including going of any business and all other things
necessary, proper or convenient for or incidental to the carrying out of the
powers and purposes herein mentioned. To engage in any commercial or
industrial enterprise calculated or designed to be profitable to this corporation
in conformity with the laws of the State of Florida.

ARTICLE IV SHARES 1000 (ONE THOUSAND)
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAIME FELIPE HERNANDEZ

Address: 2201 BRICKELL AVE APT

APT 54

MIAMI, FLORIDA 33129

Name and Title: PRESIDENT

Address: _____

Name and Title: RAPHEL ROSSI

Address: 2201 BRICKELL AVE

APT 54

MIAMI, FLORIDA 33129

Name and Title: SECRETARY

Address: _____

Name and Title: DIEGO LIMA

Address: 2201 BRICKELL AVE

APT 54

MIAMI, FLORIDA 33129

Name and Title: TREASURER

Address: _____

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(c0011-)

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: JAIME FELIPE HERNANDEZ
Address: 2201 BRICKELL AVE APT 54
MIAMI, FLORIDA 33129

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DEPARTMENT OF STATE
HALLMARKS, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAIME FELIPE HERNANDEZ
Address: 2201 BRICKELL AVE APT 54
MIAMI, FLORIDA 33129

Having been named as registered agent to accept service of process for the above stated corporation as 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

AUGUST 13, 2014

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

AUGUST 13, 2014

Date