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Division of Corporations
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To:

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

From:

Account Name : FASTKIT CORP
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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.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
CHAYLES HEALTH CARE INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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12/2/14 16

ARTICLES OF CORPORATION

ARTICLES OF INCORPORATION

CHAYLES HEALTH CARE 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.

THE NAME OF THE CORPORATION SHALL BE:
CHAYLES HEALTH CARE INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:

450 N.W. 214TH STREET - SUITE 103

MIAMI, FLORIDA 33169

ARTICLE II. NATURE OF BUSINESS

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 PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:
ONE THOUSAND DOLLARS (\$1000.00) ; AT \$1.00 PER SHARE - ONE DOLLAR
PAR VALUE.

ARTICLE IV. TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V. OFFICERS DIRECTORS

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ARTICLES OF CORPORATION

THE NAME (S) AND STREET ADDRESS (ES) OF THE INITIAL OFFICER (S) AND DIRECTOR (S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR (S) IS (ARE) ELECTED, IS (ARE):

PRESIDENT: CHRISTEN HAYLES

450 N.W. 214TH STREET - SUITE 103
MIAMI, FLORIDA 33169

VICE PRES:

TREAS:

ARTICLE VI. INCORPORATOR (S)

THE NAME (S) AND STREET ADDRESS (ES) OF THE INCORPORATOR (S) TO THIS ARTICLES OF INCORPORATION IS (ARE):

PRESIDENT: CHRISTEN HAYLES
450 N.W. 214TH STREET - SUITE 103
MIAMI, FLORIDA 33169

VICE- PRES:

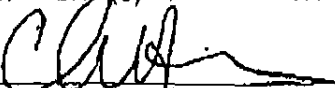
PREPARED BY: BARBARA FOUST
3401 N.W. 202ND STREET
MIAMI GARDENS, FLORIDA 33056-1722
(786) -520-3958

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S) HAS (HAVE)
EXECUTED THESE ARTICLES OF INCORPORATION THIS: NOVEMBER 17TH, 2014.

14 DEC -1 11:11 AM
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OFFICE OF THE
CLERK OF THE
CITY OF MIAMI

ARTICLES OF CORPORATION

SIGNATURE(S) OF THE INCORPORATOR(S)


CHRISTEN HAYLES, PRESIDENT



BARBARA A. FOUST
MY COMMISSION # EE 150685
EXPIRES: December 10, 2015
Bonded Thru Budget Notary Service

CERTIFICATE OF DESIGNATION

REGISTERED AGENT AND 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.

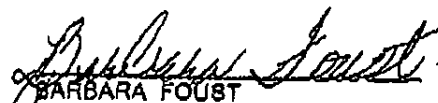
THE NAME OF THE CORPORATION:

CHAYLES HEALTH CARE INC.

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

BARBARA FOUST.
3401 N.W. 202ND STREET
MIAMI GARDENS, FLORIDA 33056-1722
(305) - 623-5109/ 786-520-3959

SIGNATURE:


BARBARA FOUST

TITLE: REGISTERED AGENT

ARTICLES OF CORPORATION

DATE: NOVEMBER 17TH, 2014

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 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:


BARBARA FOUST

DATE: NOVEMBER 17TH, 2014

PREPARED BY: BARBARA FOUST
3401 N.W. 202ND STREET
MIAMI GARDENS, FLORIDA 33058-1722
(305) - 623-5109 - (OFFICE) / 786-520-3959

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S) HAS (HAVE) EXECUTED
THESE ARTICLES OF INCORPORATION THIS: NOVEMBER 17TH,, 2014...

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