

# P150000/4700

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

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Account Name : FASTKIT CORP  
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**\*\*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  
MAGDA GOMES BEACHWEAR, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
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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:

**MAGDA GOMES BEACHWEAR, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

100 SOUTH POINTE DRIVE #3901

MIAMI BEACH, FL 33139

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THIS CORPORATION IS ORGANIZED FOR THE

PURPOSE OF TRANSACTING ANY AND ALL LAWFUL BUSINESS IN THE

STATE OF FLORIDA INCLUDING CLOTHING AND ACCESSORIES SALES.

**ARTICLE IV SHARES**

The number of shares of stock is:

500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **MAGDA GOMES DA SILVA, DIRECTOR**

Name and Title:

Address

100 SOUTH POINTE DRIVE #3901

Address:

MIAMI BEACH, FL 33139

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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: MAGDA GOMES DA SILVA  
Address: 100 SOUTH POINTE DRIVE #3901  
MIAMI BEACH, FL 33139

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MAGDA GOMES DA SILVA  
Address: 100 SOUTH POINTE DRIVE #3901  
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*

\_\_\_\_\_  
Required Signature/Registered Agent

02-09-2015  
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

02-09-2015  
Date