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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 : 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: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**MAZORRA CORP**

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

03/04/15

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**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: MAZORRA CORP

***ARTICLE II PRINCIPAL OFFICE***

Principal street address

245 VISCAYA AVE.
CORAL GABLES, FL. 33134

Mailing address, if different is:

***ARTICLE III PURPOSE***
The purpose for which the corporation is organized is: PET FOOD

***ARTICLE IV SHARES***
The number of shares of stock is: 100 AT $1.00 EACH

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DIVISION OF CORPORATION
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***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS***

Name and Title: RUBEN NASIO PRESIDENT
Address: 245 VISCAYA AVE.
CORAL GABLES, FL. 33134

Name and Title:
Address:

Name and Title: RUBEN NASIO TREASURER
Address: 245 VISCAYA AVE.
CORAL GABLES, FL. 33134

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(cont.)

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: RUBEN NASIO

Address: 245 VISCAYA AVE.

CORAL GABLES, FL. 33134

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***ARTICLE VII INCORPORATOR***

The name and address of the Incorporator is:

Name: RUBEN NASIO

Address: 245 VISCAYA AVE.

CORAL GABLES, FL. 33134

*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*

_____ March 3rd. 2015

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 felony as provided for in s.817.155, F.S.*

_____ March 3rd, 2015

Required Signature/Incorporator — Date