

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

YKS Consulting Inc.

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

YMD 3/5

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: YKS Consulting Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

601 NE 36th Street
Unit 3001
Miami, FL 33137

Mailing address, if different is:

601 NE 36th Street
Unit 3001
Miami, FL 33137

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Jewelry Consultant

ARTICLE IV SHARES 1000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Kobi Y. Shoushan President</u>	Name and Title:	_____
Address	<u>601 NE 36th Street</u>	Address:	_____
	<u>Unit 3001</u>		_____
	<u>Miami, FL 33137</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

15 MAR -4 AM 8:50
SECRETARY OF STATE
ALLAHABAD, INDIA

(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: Luis G. Brito
Address: 407 Lincoln Road Ste 9A
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Kobi Y. Shoushan
Address: 601 NE 36th Street Unit 3001
Miami, FL 33137

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.

[Signature]
Required Signature/Registered Agent

02/19/2015

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.

Kob. Shoushan
Required Signature/Incorporator

02/19/2015

Date

15 MAR - 1 AM 8:50
STATE
ATTORNEY GENERAL
FLORIDA