Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

\*\*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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|       |          |  |  |  |  |  |

## FLORIDA PROFIT/NON PROFIT CORPORATION FASTELL INC.

APR 1 4 2015 A. DUNLAP

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

Electronic Filing Menu

Corporate Filing Menu

## ARTICLES OF INCORPORATION # 15000090584 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I NAME: The name of the corporation is:                                         |
|-----------------------------------------------------------------------------------------|
| Fastell Inc.                                                                            |
| ARTICLE II PRINCIPAL OFFICE:                                                            |
| The principal street address and mailing address is:  OGBO BYFON AVE                    |
| Miami Beach FL 33141                                                                    |
| ARTICLE III SHARES: The number of shares of stock is:                                   |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:                                           |
| P: Yadiel Milian                                                                        |
|                                                                                         |
|                                                                                         |
|                                                                                         |
|                                                                                         |
| \(\frac{1}{2}\)                                                                         |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:                                  |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| Madiel Milian                                                                           |
| 6934 Bryon Ave Apt Co                                                                   |
| Miami Beach 33141                                                                       |
|                                                                                         |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:                   |
| <u> </u>                                                                                |
| (0936 bryon Ave Apt Co                                                                  |
| Miami Beach FL 33141                                                                    |

H15000090584

## Required Signatures:

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

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 third degree felony as provided for in s.817.155, F.S.

Incorporator

Date