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

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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
CALL TWO LINE, INC.

Certificate of Status	0
Certified Copy	1
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JUN 11 2015
T SCHROEDER



June 10, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: CALL TWO LINE, INC.
REF: W15000040206

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE REGISTERED AGENT MUST BE LISTED THROUGHOUT THE DOCUMENT AS IT IS REGISTERED WITH OUR OFFICE.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Terri J Schroeder
Regulatory Specialist II

FAX Aud. #: H15000139307
Letter Number: 415A00012142

RECEIVED
15 JUN 10 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
CALL TWO LINE, INC.**

THE UNDERSIGNED, has executed the following document as incorporator of the above, name corporation organized under the laws of the State of Florida, and all rights, duties and obligations in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

CALL TWO LINE, INC.

The principal place of business shall be: 4995 N.W. 72 Avenue Suite
#205 Miami, Fl. 33166

ARTICLE II

This corporation shall commence existence upon the filing of these Article of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business
- (2) Said corporation shall further have powers:
To have perpetual succession by it's corporate

Name: **CALL TWO LINE, INC.**

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of (100) shares, having an individual par value of \$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

WORLD OFFICE & BUSINESS PLACE, INC.

The principal office shall be:

4995 N.W. 72 Avenue Suite #205
MIAMI FLORIDA, 33166

ARTICLE VI

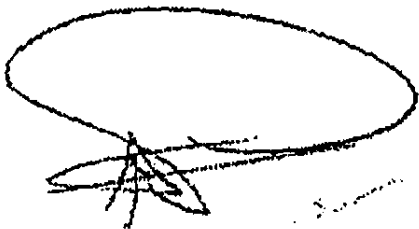
The initial Board of Directors shall consist of a total of one (1) person, and the name and address of the person who is to serve as an initial director is:

(P) GABY VILLAGOMEZ 4995 N.W. 72 Avenue Suite #205 Miami, Fl. 33166

The name and address of the incorporator executing these Articles of incorporation is:

GABY VILLAGOMEZ
4995 N.W. 72 Avenue Suite #205
MIAMI FLORIDA 33166

IN WITNESS WHERE OF, the undersigned incorporator has(ve) executed these Articles of incorporations this day of 06/09/2015



SECRETARY OF STATE
STATE OF FLORIDA

2015 JUN 10 A 10:00

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, 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.

1. The name of Corporation is:

CALL TWO LINE, INC.

2.- The name and address of the registered agent and office is:

**WORLD OFFICE & BUSINESS PLACE, INC.
4995 N.W 72 AVENUE SUITE #205
MIAMI, FLORIDA 33166**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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