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	Division of Cor	porations	94-	c)
	Fax Number	: (850)617-6381	(2) 在 (2) 在 (3) 在 (4) 在	
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	Account Name	: FASTKIT CORP	ر برونس	
i	Account Number	: I20100000009	388 €	9
	Phone	: (305)599-0839	arc.	₽-
• 1.1	Fax Number	: (305)592-9591	₩\$# ; """, P&*	
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FLORIDA PROFIT/NON PROFIT CORPORATION

Master Group, Inc.

CACCA CAST CONTRACTOR AND ADDRESS AND ADDR	ing - Annicontrol States and East of States (201) and Astronocomposed.
Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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

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ARTICLE I NAM The risms of the corpo	TE OTRATION Shall be: Master	Group, Inc.	15 AUG 1 AM 9: 47
ARTICLE II PRII		,	BEGING CHART OF STATE
12365 Rem	Principal street address	6620 Mail	ng address, if different is:
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ADDICE DE DED			
and servi	ises.	,	
<u></u>			
ARTICLE V INIT	of stock is: 100 Shortes. TAL OFFICERS AND/OR DIRECTORS tle: Gloria Forti Preside	: h Name and Title: <u>Ha</u>	V
Address	6620 EVANS ST	Address: 12	16 NW 1084 AVE
	Hollywood. Fc.		autation FL-
	33 024		33 22.
Name and Tit	ie:	Name and Title:	
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Name a	nd Title:	Name and Title:				
Addres	9	Address:				
						
		_				
ARTICLE VI The name and F	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) o	f the registered agent is:				
Name:	Glorian Forti	.				
Address:	6620 EVANS St.	_				
	Holly wood Fr. 33024					
		-				
ARTICLE VII	<u>INCORPORATOR</u>					
The name and a	ddress of the Incorporator is:					
Name:	Gloric Forti	-				
Address:	6620 FUANS ST					
	Holly wood Fl. 33024	<u>.</u>				
ARTICLE VIII	EFFECTIVE DATE:					
Effective date, if	other than the date of filing:	(OPTIONAL)	dage weige my 00 hustmans			
days after the fi		t de more than tiad dustress	days prior of 30 business			
Note: If the date the document's e	e inserted in this block does not meet the applicable affective date on the Department of State's records.	statutory filing requirements, t	this date will not be listed as			
Having been na this certificate, I	med as registered ayent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporatistered agent and agree to act	ion at the place designated in in this capacity			
•	OC of		08/06/15.			
	Required Signature/Registered Agent		Date			
I submit this document and affirm that the facts stated herein are true. I am aware that the faise information submitted in a						
accument to the	Department of State constitutes a third degree felon	v as provided for in s.817.155,	ES.			
	ind Signature/Incorporator		08/06/15.			
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