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| PICK-UP | MAIT WAIT | MAIL |
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| ,2. | Journal Manner, | |
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| Certified Copies | _ Certificates | s or Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only

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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: FAS | T Inc | | |
|--------------------|--------------------------------------|-------------------------------------|---|
| SOBJECT. | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an o | original and one (1) copy of the art | icles of incorporation and | d a check for: |
| \$70.00 Filing Fee | | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate o Status |
| | | ADDITIONAL CO | PY REQUIRED |
| FROM: _ | • | e (Printed or typed) | |
| 5 | 457 Lafayette Park Dr N | | |
| | | Address | |
| J | acksonville, FL, 32244 | | · |
| _ | City, | State & Zip | |
| 3 | 86-283-1756 | | |
| | Daytime T | elephone number | |
| cl | narlesdoucette@gmx.com | | |
| _ | E-mail address: (to be used | for future annual report r | notification) |

NOTE: Please provide the original and one copy of the articles.



October 7, 2015

H. CHARLES DOUCETTE 5457 LAFAYETTE PARK DR.N. JACKSONVILLE, FL 32244

SUBJECT: FAST INC

Ref. Number: W15000066642

We have received your document for FAST INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 415A00021216

New Filing Section

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: | FASTS | HSTEMS I | Ne. |
|---------------------|---|--|---------------------------|
| | (PROPOSED COR | PORATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are ar | n original and one (1) copy of t | he articles of incorporation and | l a check for: |
| ☐ \$70. Filing F | .00 \$78.75 Fee Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate o Status |
| | H Charles Doucette | | |
| FROM | [: | Name (Printed or typed) | |
| | 5457 Lafayette Park Dr N | | |
| | | Address | |
| | Jacksonville, FL, 32244 | | |
| | | City, State & Zip | |
| | 386-283-1756 | | |
| | Dayt | ime Telephone number | |
| | charlesdoucette@gmx.com | | |

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

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

| ARTICLE I NAME The name of the corpora | | ING. | 5.00 |
|---|--|-----------------------------|---|
| • | CIPAL OFFICE Principal street address | | Mailing address, if different is: |
| | | | 75 2: 25 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 |
| ARTICLE III PURPO | OSE the corporation is organized is: | rity and Fire Alarm Systo | |
| | | | |
| | | | |
| | | | |
| ARTICLE IV SHAR The number of shares of | | | |
| | al officers and/or directo : H Charles Daucette | <u>RS</u> Name and Title | Brad Cameron DST |
| Address | 5457 Lafayette Park Dr N | Address: | 1312 SE 25th LN Cape Coral FL 33904 |
| · | Jacksonville FL 32244 | • | |
| Name and Title | : | Name and Title | : |
| Address | | | |
| | | | |
| Name and Title | • | Name and Title | • |
| Address | | | |
| Addiess | | | |

| Name and | Title: | Name and Title: | |
|---|---|--|---|
| Address | | Address: | |
| The name and Flo | EGISTERED AGENT orida street address (P.O. Box NOT acceptable) Brad Cameron | of the registered agent is: | , |
| Name: Address: | 1312 SE 25th LN Cape Coral FL 33904 | _ | ्रं व |
| | | · | 001 23 PM |
| | NCORPORATOR | | 2) P3 |
| The name and add | dress of the Incorporator is: H Charles Doucette | | S Qui € yeaqam ~ . |
| Name: Address: | 5457 Lafayette Park Dr N 32244 | | |
| | JACKSONVILLE, FL 30244 | _ | |
| Effective date, if o | ther than the date of filing: 11/1/2015 It is listed, the date must be specific and caning.) | . (OPTIONAL) not be more than five business | s days prior or 90 business |
| | inserted in this block does not meet the applicab fective date on the Department of State's records | | this date will not be listed as |
| | ed as registered agent to accept service of proce of familiar with and accept the appointment as i | | |
| 15 | | | 9-2715 |
| | Required Signature/Registered Agent | | 9 - 27/5' Date |
| I submit this docu document to the D | ment and affirm that the facts stated herein an epartment of State constitutes a third degree fel | re true. I am aware that the fac ony as provided for in s.817.155 | lse information submitted in a 5, F.S. |
| | | | 9-87-15 Date |
| Requir | ed Signature/Ipor/porator | | Date |