

H150002559253ABC

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**Florida Department of State
Division of Corporations
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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: _____

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15 OCT 26 AM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 26 PM 4:11

**FLORIDA PROFIT/NON PROFIT CORPORATION
SPEEDY CRUISES AND TOURS, INC.**

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. (Profit)

ARTICLE I NAME SPEEDY CRUISES AND TOURS, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
11345 S.W. 69th TERRACE
MIAMI, FL. 33173

Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS IN FLORIDA

ARTICLE IV SHARES 1000 SHARES @ \$1.00 PAR VALUE
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARY ORTIZ PRESIDENT-SECT.
Address: 11345 S.W. 69th TERRACE
MIAMI, FLA. 33173

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA
FILED
15 OCT 26 AM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CARY ORTIZ
Address: 11345 S.W. 69th TERRACE
MIAMI, FLA. 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARY ORTIZ
Address: 11345 S.W. 69th TERRACE
MIAMI, FL. 33173

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

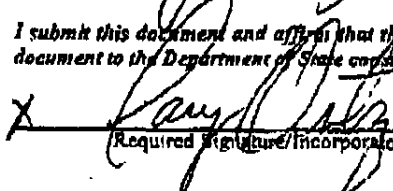
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

X 
Required Signature/Registered Agent

10/23/15
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.

X 
Required Signature/Incorporator

10/23/15
Date