

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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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:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Self Insured Administrators, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

FILED  
16 JAN 26 PM 1:37  
DIVISION OF STATE  
CORPORATIONS, FLORIDA

16 JAN 26 PM 4:05  
CORPORATIONS

*[Signature]*  
1/27/16

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Self Insured Administrators, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address:

Mailing address, if different:

2990 NW 62 St.  
Miami, FL 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares authorized, 100 shares issued and outstanding

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific titles(s):

Name and Title: Raul Alvarez, President and Secretary  
Address: 2990 NW 62 St.  
Miami, FL 33147

AA

Name and Title:  
Address:

Name and Title:  
Address:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agents is:


Name: Raul Alvarez  
Address: 2990 NW 62 St.  
Miami, FL 33147

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Raul Alvarez  
Address: 2990 NW 62 St.  
Miami, FL 33147

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

01-13-2016  
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 §817.155, F.S.

  
\_\_\_\_\_  
Signature/Incorporator

01-13-2016  
Date