

Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160000215873)))



H180000215873ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

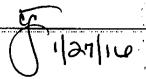
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION

Self Insured Administrators, Inc.

	ere de la companya d
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)

FILED

16 JAN 26 PM 1: 37

ARTICLE J NAME

Self Insured Administrators, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing 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

Name and Title: Address

Name and Title:

Address

FILED

16 JAN 26 PH 1: 37

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the sugistered agents is:

Name: Address:

Raul Alvarez 2990 NW 62 SL

Miami, FL 33147

PIGNETARY OF STATE TALLAHASULE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Address:

Raul Alvarez 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 familier with and accept the appointment as registered agent and agree to act in this capacity

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 s.817.155, F.S.

Signature/Incorporator

01-13-2016 Date