

**H16000023626**

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  
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
CLEAR SMOKE HOOKAH CORP

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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Florida Department of  
Public Safety  
Division

Florida Department of  
Public Safety  
Division

VICE PRESIDENT : SAULIUS RAUDONIKIS  
1145 NORMANDY DRIVE APT 405  
MIAMI BEACH FL 33141

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address (es) of the incorporator(s) to this articles of incorporation is (are)

place of business

940 MICHINGAN AVE #405  
MIAMI BEACH FL 33139

PRESIDENT:

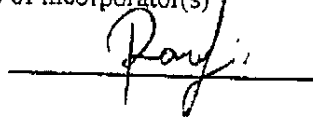
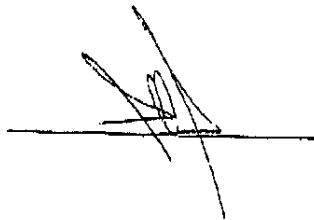
PABLO LEONEL PAZ  
940 MICHINGAN AVE #405  
MIAMI BEACH FL 33139

940 MICHINGAN AVE #405  
MIAMI BEACH FL 33139  
PRESIDENT:

VICE PRESIDENT : SAULIUS RAUDONIKIS  
1145 NORMANDY DRIVE APT 405  
MIAMI BEACH FL 33141

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these articles of incorporation this, March 10th 2016

Signature(s) of incorporator(s)



Florida Department of  
Citizens  
Division

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/ registered agent, in the State of Florida.

- The name of the corporation **CLEAR SMOKE HOOKAH CORP**
- The name and address of the registered agent and office is:

**PABLO LEONEL PAZ**  
940 MICHINGAN AVE #4  
MIAMI BEACH FL 33139

Signature 


Title President

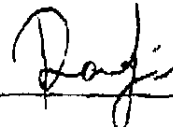
Date 03/10/2016

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

SIGNATURE 

DATE: 03/10/2016

DATE 03/10/2016