

P16000028946

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 annual report mailings. Enter only one email address please.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR 31 PM 4:50
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16 MAR 31 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
Oliver Jay VIP, Inc.

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

2

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

ARTICLE I NAME

The name of the corporation shall be: Oliver Jay VIP, Inc.

ARTICLE II PRINCIPAL OFFICE

<p>Principal <u>street</u> address</p> <p><u>1717 N Bayshore Drive</u></p> <p><u>Unit 3532</u></p> <p><u>Miami, Florida 33132</u></p>	<p>Mailing address, if different is:</p> <p><u>Same as Principal address</u></p>
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Entertainment

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

<p>Name and Title: <u>Oliver Jay President</u></p> <p>Address: <u>1717 N Bayshore Drive</u> <u>Unit 3532</u> <u>Miami, Florida 33132</u></p>	<p>Name and Title: _____</p> <p>Address: _____</p>
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<p>Name and Title: _____</p> <p>Address: _____</p>	<p>Name and Title: _____</p> <p>Address: _____</p>
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<p>Name and Title: _____</p> <p>Address: _____</p>	<p>Name and Title: _____</p> <p>Address: _____</p>
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16 MAR 31 PM 4:50
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TALLAHASSEE, FLORIDA

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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: Luis G. Brito
 Address: 407 Lincoln Road, Suite 9A
Miami Beach, Florida 33139

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 16 MAR 31 PM 4:50
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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Oliver Jay
 Address: 1717 N Bayshore Dr, Unit 3532
Miami, Florida 33132

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.)

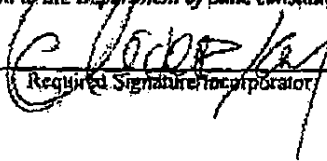
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


 Required Signature/Registered Agent

3/31/2016
 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.


 Required Signature/Incorporator

3/31/2016
 Date