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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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SF TRANSPORTATION SOLUTIONS, INC.**

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

RECEIVED

16 APR 29 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TLH
5-2-16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 29 PM 1:57

5-1-16

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

ARTICLE I NAME

The name of the corporation shall be:

SF TRANSPORTATION SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address:

Mailing address, if different:

6740 SW 56 Ct.
Davie, FL 33314

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: Mark Levitt, President/Director
Address: 6740 SW 56 Ct.
Davie, FL 33314

Name and Title:
Address:

Name and Title:
Address:

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Mark Levitt
Address: 6740 SW 56 Ct.
Davie, FL 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark Levitt
Address: 6740 SW 56 Ct.
Davie, FL 33314

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.

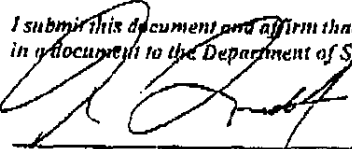


Signature/Registered Agent

4/29/16

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.817.135, F.S.



Signature/Incorporator

4/29/16

Date

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