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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
WDF SPARES & SERVICES, CORP

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



June 10, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: WDF SPARES & SERVICES, CORP
REF: W16000042554

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000141854
Letter Number: 716A00012253

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: WDF SPACES & SERVICES, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8925 NW 20 Street
Doral, FL 33172

8925 NW 20 Street
Doral, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President

Name and Title: Vice President

Address: Dilson moretto Wollmann
Av Sao Joao, 2400
APTO 132 B Sao Jose dos
Campos - SP 12.242-000 Brazil

Address: Fatima Teodora Cruz Wollmann
Av Sao Joao, 2400
APTO 132 B Sao Jose dos
Campos - sp 12.242-000 Brazil

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

| | |
|-----------------------|-----------------------|
| 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: Edward Garcia, Inc.
 Address: 6163 Miami Lakes Dr E
Miami Lakes, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dilson Moretto Wollmann
 Address: Av. Sao Joao, 2400
APTO 132B Sao Jose dos Campos - SP
12.242-000 - Brazil

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

X Edward Garcia, President
 Required Signature/Registered Agent

6 | 8 | 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.817.155, F.S.

(X) [Signature]
 Required Signature/Incorporator

6 | 7 | 16
 Date