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.

(((H16000231114 3)))



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 : 120100000009 : (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. **

| Cmail | Address: | | | |
|-------|----------|--|--|--|
| | | | | |

FLORIDA PROFIT/NON PROFIT CORPORATION NA AN AL TRANSPORTATION CORP

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

8EP 1 9 2015

T. SCOTT

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

| ARTICLE II PRINC | CIPAL OFFICE | | | |
|---|---|--|-----------------------------------|--|
| | Principal street address | 1 | Mailing address, if different is: | |
| 16450 NW 2 AVE APT 210 | | SAME | | |
| MIAMI, FL 33169 | | | | |
| ARTICLE III PURPO | OSE he corporation is organized is: | | | |
| TRANSPORTATION | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | <u></u> | | |
| | | | | |
| ARTICLE IV SHAR | ES 100 CHARRO | | | |
| ARTICLE IV SHAR The number of shares of | ES 100 SHARES stock is: | | q | - |
| | ES 100 SHARES Stock is: 100 SHARES | | Q 20 4 | S S S S S S S S S S S S S S S S S S S |
| ARTICLE V INITL | AL OFFICERS AND/OR DIRECTORS | | (1) (1) (2) | To SEP I |
| ARTICLE V INITL | | Name and Title | · | SEP IX |
| ARTICLE V INITLE Name and Title | AL OFFICERS AND/OR DIRECTORS DOSE A. BOSQUE 16450 NW 2 AVE APT 210 | Name and Title | | Section of the sectio |
| ARTICLE V INITLE Name and Title | AL OFFICERS AND/OR DIRECTORS JOSE A. BOSQUE 16450 NW 2 AVB APT 210 | Name and Title | | |
| ARTICLE V INTL Name and Titl Add re ss | JOSE A. BOSQUE 16450 NW 2 AVB APT 210 MIAMI, FL 33169 | Name and Title Address: | | - |
| ARTICLE V INTL Name and Titl Add re ss | AL OFFICERS AND/OR DIRECTORS DOSE A. BOSQUE 16450 NW 2 AVB APT 210 MIAMI, FL 33169 | Name and Title Address: Name and Title | | - |
| Name and Title Address Name and Title | AL OFFICERS AND/OR DIRECTORS JOSE A. BOSQUE 16450 NW 2 AVB APT 210 MIAMI, FL 33169 | Name and Title Address: Name and Title | | - |
| Name and Title Address Name and Title | AL OFFICERS AND/OR DIRECTORS JOSE A. BOSQUE 16450 NW 2 AVB APT 210 MIAMI, FL 33169 | Name and Title Address: Name and Title | | - |
| Name and Title Address Name and Title Address | AL OFFICERS AND/OR DIRECTORS JOSE A. BOSQUE 16450 NW 2 AVB APT 210 MIAMI, FL 33169 | Name and Title Address: Name and Title Address: | | |
| Name and Title Address Name and Title Address | AL OFFICERS ANDVOR DIRECTORS JOSE A. BOSQUE 16450 NW 2 AVB APT 210 MIAMI, FL 33169 | Name and Title Address: Name and Title Address: Name and Title | | |

| Name and Title: | | Name and Title: | | |
|---|--|--|---|--|
| Address | | Address: | | |
| | | | | |
| | | _ | | |
| | | | | |
| | REGISTERED AGENT orida street address (P.O. Box NOT acceptable) | of the registered agent is: | | |
| Name: | JOSE A. BOSQUE | - | | |
| Address: | 16450 NW ² AVE APT 210 | | | |
| | MIAMI, FL 33169 | | | |
| ARTICLE VII | INCORPORATOR | | | |
| The name and ac | ddress of the Incorporator is: | | | |
| Name: | JOSE A. BOSQUE | | | |
| Address: | 16450 NW 2 AVE APT 210 | _ | | |
| | MIAMI, FL 33169 | | | |
| Effective date, if (If an effective of days after the fi Note: If the date the document's e | EFFECTIVE DATE: Other than the date of filing: late is listed, the date must be specific and cannoling.) In inserted in this block does not meet the applicable infective date on the Department of State's records med as registered agent to accept service of proces | e statutory filing requirements. | , this date will not be listed as | |
| | am familiar with and accept the appointment as re | | | |
| * IVY | | | SEPTEMBER 16, 2016 | |
| · | Required Signature/Registered Agent | | Date | |
| I submit this doc document to the h | ument and affirm that the facts stated herein an Department of State constitutes a third degree felo | e true. I am awa <i>re tha</i> t the fa my as provided for H s.817.15 | ise information submitted in a 5, F.S. | |
| \^ | | | SEPTEMBER 16, 2016 | |
| Vega | red Signature/Incorporator | | Date | |