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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 : F20100060009
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
ALL FAMILY LABOR SERVICES, INC.

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

N. SAMS

FEB 28 2018

Electronic Filing Menu

Corporate Filing Menu

Help

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: ALL FAMILY LABOR SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

123 NORTHWEST 15TH COURT

POMPANO, FL 33060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE REAL ESTATE DEVELOPMENT AND REMODELING
OF EXISTING HOMES AND BUILDINGS

FILED
18 FEB 27 PM 4:52
CLERK OF CIRCUIT
JUDGE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEVIN EDWARDS PRESIDENT

Name and Title: KEVIN EDWARDS SECRETARY

Address: 123 NORTHWEST 15TH COURT

Address: 123 NORTHWEST 15TH COURT

POMPANO, FLORIDA 33060

POMPANO, FLORIDA 33060

Name and Title: KEVIN EDWARDS TREASURER

Name and Title: _____

Address: 123 NORTHWEST 15TH COURT

Address: _____

POMPANO, FLORIDA 33060

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: KEVIN EDWARDS
Address: 123 NORTHWEST 15TH COURT
POMPANO, FLORIDA 33060

FILED
18 FEB 27 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

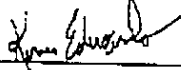
Name: KEVIN EDWARDS
Address: 123 NORTHWEST 15TH COURT
POMPANO, FLORIDA 33060

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 days prior or 90 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

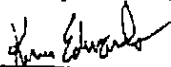


Required Signature/Registered Agent

02/23/2018

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

02/23/2018

Date