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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

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Email	Address:								
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## FLORIDA PROFIT/NON PROFIT CORPORATION **EXECL SERVICES CARE INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

EII PRII	VCIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is
W 153RD PA	TH	2153 \$W	' ISSRD PATH
KI, FL 33185		MIAMI,	FL 33185
CLE III PUR pose for which	POSE  the corporation is organized is:	RVICES CARE	
		***************************************	
	· <del>-</del>		
CLE IV SHAI	RES 100 SHARES of stock is:		
unber of shares o	of stock is:   AL OFFICERS AND/OR DIRECTO		
unber of shares of CLE V INIT!  Name and Tir	IAL OFFICERS AND/OR DIRECTO  Let  2153 SW 153RD PATH	Name and Title:	
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Name a	nd Title:	Name and Title:	
Addres	s	Address:	
ARTICLE VI	REGISTERED AGENT		
Name:	Florida street address (P.O. Box NOT acce JESUS SISTO	name) or the registered agent is	ı;
Address:	2153 SW 153RD PATH		
	MIAMI, FL 33185		
ARTICLE YII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	JESUS SISTO	<del></del>	
Address:	2153 SW 153RD PATH		
	MIAMI, FL 33185	<del></del>	
ARTICLE VIII	EFFECTIVE DATE:		
	other than the date of filing:  APRIL 01, 20  and the is listed, the date must be specific and	019 (OPTIO	NAL)
(it an effective of filing.)	inte is listed, the date must be specific and	I cannot be more than five d	ays prior or 90 days after the
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submit this doc	Required Signature/Registered A ument and affirm that the facts stated he Department of State constitutes a third deg	rein are true. Lam moare the	Date at the false information submitted v.817.155, F.S.
submit this doc ocument to the L	ument and affirm that the facts stated he	rein are true. Lam moare the	Date of the fulse information submitted p.817.155, F.S. 3/29/19

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