8/10/2020

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

1028 AUG 10 PM 4: 07

Account Name : FASTKIT CORP Account Number : 1201000000009 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

Teaching Tiny Humans, Inc

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

J. FASON

AUG 1 1 2020

Electronic Filing Menu

Corporate Filing Menu

Help

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

| CLE [] PRINC | | | | |
|--|--|---|---------------------------------------|--|
| 12 Arthur Street | Principal street address | Maili | Mailing address, if different is: | |
| ollywood, FL 3302 | 21 | | | |
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| CLE III PURPO | <u>SE</u> | adianal Candara | | |
| m pose for which d | ne corporation is organized is:Educ | MUUNEI Services | | |
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| CLE IV SHARE umber of shares of s | S tock is: 1,000 | | | |
| umber of shares of s | S tock is: 1,000 LOFFICERS AND/OR DIRECTORS | | | |
| umber of shares of s | LOFFICERS AND/OR DIRECTORS | | | |
| umber of shares of s CLE V INITIAL Name and Title: | L OFFICERS AND/OR DIRECTORS Glovanna DeVito, President | | | |
| umber of shares of s | LOFFICERS AND/OR DIRECTORS | Name and Title: | | |
| Name and Title: | L OFFICERS AND/OR DIRECTORS Glovanna DeVito, President | Name and Title: | | |
| umber of shares of s CLE V INITIAL Name and Title: | LOFFICERS AND/OR DIRECTORS Glovanna DeVito, President 3512 Arthur Street | Name and Title: | 2020 | |
| umber of shares of s CLE V INITIAL Name and Title: | LOFFICERS AND/OR DIRECTORS Glovanna DeVito, President 3512 Arthur Street | Name and Title: | | |
| CLE V INITIAL Name and Title: Address | LOFFICERS AND/OR DIRECTORS Glovanna DeVito, President 3512 Arthur Street Hollywood, FL 33021 | Name and Title:Address: | 2020 AUG 1 | |
| CLE V INITIAL Name and Title: Address | LOFFICERS AND/OR DIRECTORS Glovanna DeVito, President 3512 Arthur Street | Name and Title:Address: | 2020 AUG 1 0 | |
| CLE V INITIAL Name and Title: Address | LOFFICERS AND/OR DIRECTORS Glovanna DeVito, President 3512 Arthur Street Hollywood, FL 33021 | Name and Title: Address: Name and Title: | 2020 AUG 1 0 AH | |
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| Name and Title: Address Name and Title: Address | LOPPICERS AND/OR DIRECTORS Giovanna DeVito, President 3512 Arthur Street Hollywood, FL 33021 | Name and Title: Address: Name and Title: Address: | -2020 AING 1 0 AM 10: 22 | |
| Name and Title: Address Name and Title: Address | LOPPICERS AND/OR DIRECTORS Giovanna DeVito, President 3512 Arthur Street Hollywood, FL 33021 | Name and Title: Address: Name and Title: Address: Name and Title: | 2020 AUG 1 0 AH 10: 22 | |
| Name and Title: Address Name and Title: Address | LOPPICERS AND/OR DIRECTORS Giovanna DeVito, President 3512 Arthur Street Hollywood, FL 33021 | Name and Title: Address: Name and Title: Address: Name and Title: | -2020 AING 1 0 AM 10: 22 | |

| Name and | Title: | Name and Title: | |
|--|---|---|---|
| Address | | Address: | *************************************** |
| | | | |
| ARTICLE VY RE | GISTERED AGENT ida street address (P.O. Box NOT accept | able) of the registered agent is: | |
| Name: | Giovanna DeVito | | |
| Address: | 3512 Arthur Street | | • |
| _ | Hollywood, FL 33021 | | |
| ARTICLE VII IN | CORPORATOR | | 2020 AI |
| The name and addr | ess of the Incorporator is: | ì | |
| Name: | Giovanna DeVito | | |
| Address: | 3512 Arthur Street | | |
| | Hollywood, FL 33021 | <u> </u> | AMIO: 22 |
| Effective date, if oth (If an effective date filing.) Note: If the date irs | er than the date of filing: is listed, the date must be specific and serted in this block does not meet the apprint date on the Department of State's re | licable statutory filing remirement | orior or 90 days after the |
| Having been named | as registered agent to accept service of pr litar with and accept the appointment as t | DCESS for the above stated composit | on at the place designated in this this capacity |
| | | · · · · · · · · · · · · · · · · · · · | 08/06/2020 |
| You have be able to | Required Signature/Registered Age | | Date |
| document to the Dep | ent and affirm that the facts stated here aroment of State constitutes u third degree | in are true. I am aware that the f e felony as provided for in s.817.15. | alse information submitted in a 5, F.S. |
| Required Signature/ | | · | 08/06/2020 |