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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

*PEnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:_

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FLORIDA PROFIT/NON PROFIT CORPORATION

Scarborough Ventures, Inc.

Certificate of Status	0
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Help

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

The name of the come	<u>retion shall be: Scarborough Venture:</u>	n Ina	
ŀ		s, inc.	
ARTICLE II PRI	V <u>CIPAL OFFICE</u> Principal <u>street</u> address	3.2 M	
1145 Fairfax Lan	e	Mailing addi 1145 Fairfax I an	ress, if different is:
Weston, FL 3332	26	Weston, FL 3332	26
ARTICLE III PUR	POSE		
	n the corporation is organized is: To engag	e in any activity or business	permitted under the
laws of the United	States and the State of Florida.		
			
	_		
			· · · · · · · · · · · · · · · · · · ·
			• ~ >
ARTICLE IV SHA	RES		. 17
The number of shares of	of stock is: 1,000		. <u></u> 1
			,
ARTICLE V INIT	IAL OFFICERS AND/OR DIRECTORS		
Name and Ti	tle: <u>Henry Scarborough (President</u>	Name and Title:	(
			<u>න</u>
Address	1145 Fairfax Lane	Address:	
	Weston, FL 33326		ວ:
			·
			
Name and Titl	.	NI LTM	
wante and Titl	c:	Name and Title:	
Address		Address:	<u> </u>
			
Name and Titl	c:	Name and Title:	
Address		Address:	
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		<u> </u>	
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Nan	ne and Title:	Name and Title:	
Ad	dress	Address:	_
	<u> </u>		
			•
ARTICLE I	1 REGISTERED AGENT nd Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Henry Scarborough		
Address:	1145 Fairfax Lane		
	Weston, FL 33326		
	II INCORPORATOR	7	
The name at	ad address of the Incorporator is:	1	
Name:	Henry Scarborough		
Address	1145 Fairfax Lane		
	Weston, FL 33326	—————————————————————————————————————	
Effective dat	THE EFFECTIVE DATE: te, if other than the date of filing: ive date is listed, the date must be specific and can	. (OPTIONAL) annot be more than five days prior or 90 days after the	
Note: If the	date inserted in this block does not meet the applicant's effective date on the Department of State's recor	table statutory filing requirements, this date will not be listed anords.	;
Having been certificate, I	named as registered agent to accept service of procesum familiar with and accept the appointment as regi		is
	Here.s	<i>Z/2/2</i> 2	
	Required Signature/Registered Agent	Date	
I submit this document to	document and affirm that the facts stated herein the Department of State constitutes a third degree fe	are true. I am aware that the false information submitted in clony as provided for in \$.817.155. F.S.	a
	Consus	> 12 /27	
Required Sig	nature/Incorporator	Date	