Electronic Filing Cover Sheet

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To:	m	. ,				
	Division of Co	rporations : (850)617-6381				
	rax number	: (820)017-0381				
From:						
	Account Name	: FASTKIT CORP				
		: 120100000009				
		: (305)599-0839				
	Fax Number	: (305)592-9591				
	nual report maili	ings. Enter only o	ne email a	ddress plea	se.**	
Ema	ail Address:	OFIT/NON PRO				•
Ema	ail Address:		FIT COR			
Ema	ail Address:	DFIT/NON PRO De Layla, I	FIT COR			
Ema	ril Address:	DFIT/NON PRO De Layla, Ii	FIT COR	PORATIO	 ON	
Ema	FLORIDA PRO	DFIT/NON PRO De Layla, Ii	FIT COR	PORATIO		

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

ARTICLE I NAME The name of the corporati	on shall be: De Layla, Inc.			
ARTICLE II PRINC	<i>IPAL OFFICE</i> Principal <u>street</u> address	Mailing addr	ess, if different is	:
21520 SW 98	Court			
Cutter Bay, F	L 33189			
ARTICLE III PURPO. The purpose for which th	<u>SE</u> e corporation is organized is:	Online Sales & Retail		
ARTICLE IV SHARE The number of shares of st		·		
ARTICLE V INITIAL	OFFICERS AND/OR DIRECTORS			
Name and Title:	Layla Redonda, President	Name and Title:		
Address _	21520 SW 98 Court	Address:		
-	Cutler Bay, FL 33189			
- 	Chris Dulansia Mas Descident			
	Chris Bulgarin, Vice President	Name and Title:	····	-
Address _		Address:		
_	Cuder Bay, FL 33189	-		
_				267
Name and Title:		Name and Title;	٠	27 27
Address		Address:		 ≩:
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Name and Title:		Name and Title:		
Address		Address:		
				· -
The name and Flo	EGISTERED AGENT irida street address (P.O. Box NOT accepts	able) of the registered agent is:		
Name:	Layla Redonda	····		
Address:	21520 SW 98 Court			
	Cutter Bay, FL 33189			
ARTICLE VII 1	NCORPORATOR			
The name and ado	iress of the incorporator is:			
Name:	Layla Redonda			
Address:	21520 SW 98 Court			
	Cutler Bay, FL 33189			
Effective date, if of (If an effective date) filing.) Note: If the date in	the is listed, the date must be specific and asserted in this block does not meet the applicative date on the Department of State's receive date on the Department of State's received.	cannot be more than five days prior or icable statutory filing requirements, this o		
Having been named certificate, I am fan	d as registered agent to accept service of pro nillar with und accept the appointment as p	cess for the above stated corporation at the gistered agent and agree to act in this cap	c place desig pacity	gnated in thi.
			03/06/2	
	Hequired Sighature/Registered Agen		Date	
I submit this document to the De-	ment and affirm that the facts stated hereit partment of State fansplates)a drird degree	n are true. I am aware that the false info felony as provided for in s.817.155, F.S.	ormat <u>io</u> n su –	omitted in a
			: 03/06/2	: <u>≈</u> : 24€
Required Signature	Incorporator	Date		
			<u> </u>	с
				<u> </u>
			5:	Kii 10: 53
			<i>-</i>	<u>5</u>