

W04006074112

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

FONAKID LLC

Certificate of Status	0
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DIVISION OF CORPORATIONS

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**FONAKID LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**7065 NW 107 CT  
DORAL FLORIDA 33178**

**Mailing Address:**

**SAME**

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TAMM HASSLET, FLORIDA

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**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**PAULO A. CASANAS**

Name

**7065 NW 107 CT**

Florida street address (P.O. Box NOT acceptable)

**DORAL FLORIDA 33178**

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>PAULO A. CASANAS</u>
	<u>7065 NW 107 CT</u>
	<u>DORAL FLORIDA 33178</u>
<u>MGRM</u>	<u>CARLOS PEREZ</u>
	<u>7065 NW 107 CT</u>
	<u>DORAL FLORIDA 33178</u>
<u>MGRM</u>	<u>JUAN CASANAS</u>
	<u>7065 NW 107 CT</u>
	<u>DORAL FLORIDA 33178</u>

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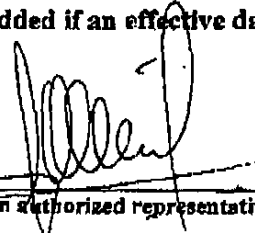
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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Paulo A. Casanas

Typed or printed name of signee