

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

* 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/FOREIGN LIMITED LIABILITY CO.
1601 INVESTMENTS, LLC**

Certificate of Status	0
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Corporate Filing Menu

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EXAMINER

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09 DEC -3 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC -3 AM 8:21

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:
1601 INVESTMENTS, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or abbreviation "LLC," or "L.C.")

ARTICLE II- Address:

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

Principal Office Address:

5960 NW 99 AVE. # 3
DORAL, FL 33178

Mailing Address:

SAME

ARTICLE III- Manager(s) or Managing Member(s):

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

Title

Name and Address:

MGRM

FRANCESCO FRANCO MARCACCI-CAMMUSO
5960 NW 99 AVE. # 3
DORAL, FL 33178

MGRM

LISSETTE ANTONELLA MARSICOBETRE-TULLIO
5960 NW 99 AVE. # 3
DORAL, FL 33178

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ARTICLE IV- Registered Agent, Registered Office & Registered Agent's Signature:

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

Joseph F. Cabanas ~ Cabanas & Associates

Name

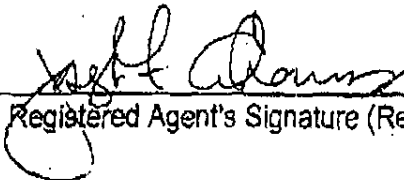
10520 NW 26th Street- Suite C201

Florida Street Address

Doral, FL 33172

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 certificated, 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 (Required)

ARTICLE V: Effective date, if other than the date of filing: _____ (optional)

SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution that the facts stated herein are true)

FRANCESCO MARCACCI

Type or printed name of signee.