

L10000092072

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

From: Account Name : FASTKIT CORP  
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Effective Date 09/01/10

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

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FLORIDA LIMITED LIABILITY CO.  
C.A.S. INTERNATIONAL DISTRIBUTORS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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FILED  
10 SEP -1 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

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

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**C.A.S. INTERNATIONAL DISTRIBUTORS, LLC**

**Article II-Address:**

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

**Principal Office Address:**

**Mailing Address:**

**15504 SW 19<sup>th</sup> STREET, MIRAMAR, FL 33027**

**SAME**

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration).

Effective Date *09/01/10*

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

**CHRISTIAN A SOMAZA, 15504 SW 19<sup>th</sup> STREET, MIRAMAR FL, 33027 .**

Having been named as registered agent and to accept services 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 statues 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. 5.

**Registered agent's Signature (Required)**

**(continue)**

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

The name and address of each Manager or managing Member is as follow:

**TITLE:** \_\_\_\_\_ **Name and Address**

**MGR= Manager**  
**MGRM= Managing Member**

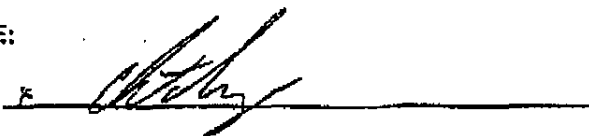
**MGR** **CHRISTIAN A SOMAZA, 15504 SW 19<sup>th</sup> STREET**  
**MIRAMAR FL. 33027**

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**ARTICLE V:** Effective date, if other than the date of filing, SEPTEMBER 01, 2010.

(The effective date:1) cannot be prior to not more than 90 days after this document is filed by the Florida Department of State; **AND 2)** must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

**REQUIRED SIGNATURE:**



**SIGNATURE OF THE 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 that the facts stated herein are true.)

**CHRISTIANA SOMAZA** \_\_\_\_\_ Type or printer name of signee.