Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000150649 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: FASTKIT CORP

Account Number : I20100000009

Phone

: (305)599-0839

Fax Number

: (305)592-9591

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

mail	Address	 	 		
MATT	ACUL 400		 	 -	

FLORIDA LIMITED LIABILITY CO. PIERRES DU CHATEAU, L.L.C.

Certificate of Status	0		
Certified Copy	1		
Page Count	02		
Estimated Charge	\$155.00		

Electronic Filing Menu

Corporate Filing Menu

JUN = 8 2011

https://efile.sunbiz.org/scripts/efilcovr.exe

11 JUN -7 AM 7:36

LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION for

PIERRES DU CHATEAU, L.L.C.

First	•	The name of the limited liability company is: PIERRES DU CHATEAU. L.L.C.
Second	:	The address of its registered office in the state of FLORIDA is <u>7721 S.W. 62nd Avenue</u> , Suite 202, South Miami, FL 33143 in the City of <u>South Mlami</u> , County of <u>Mlami-Dade</u> and the name of the incorporating member at such address is: <u>Paul R. Sasso</u> , <u>Esquire</u> .
Third	:	The name and address of the registered agent is: Paul R, Sasso. Esquire, 7721 S.W. 82 nd Avenue, Suite 202. South Miami, Fi. 33143. Certificate of Acceptance of Appointment of Resident Agent: I, PAUL R, SASSO, ESQUIRE, hereby accept appointment as Resident Agent for the above named limited liability company. 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. RADLR: SASSO / Registered Agent
Fourth	:	The purpose for which this Limited Liability Company is organized is to perform any and all lawful business within the State of Florida.
Fifth		The company shall be managed by the: X Manager(s) OR Members. The names and addresses of manager(s) or members are as follows: Manager: Paul R. Sasso, Esq. 7721 S.W. 62 Avenue, Suite 202

Miami, FL 33143

PAUL N. SASSID ESQUIRE às Authorizi

Representative of Manager

Date

11 JUN -7 AN 7:36