

L12000102797

Florida Department of State  
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.

((H12000200242 3)))



H120002002423ABCN

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

2nd  
Received  
12 AUG 09 PM 3:47  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*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 LIMITED LIABILITY CO.  
ESTHETIC CARS CLINIC, LLC

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG -9 AM 10:07

B. KOHR

AUG 10 2012

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 19 AM 10:07

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**ESTHETIC CARS CLINIC, LLC**

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

11800 SW 144 CT UNIT 2  
MIAMI, FL 33186

**Mailing Address:**

11800 SW 144 CT UNIT 2  
MIAMI, FL 33186

**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.)

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

**JOSE A CASTILLA**

Name

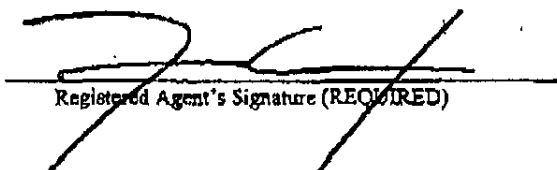
**288 IROQUOIS ST**

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

**MIAMI SPRINGS FL 33166**

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 (REQUIRED)

(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>MARIA E GALLEG0 J / P</u>	<u>8188 NW 10 ST APT0 3</u> <u>MIAMI, FL 33126</u>
<u>MARIO A DUARTE O / VP</u>	<u>8188 NW 10 ST APT0 3</u> <u>MIAMI, FL 33128</u>
<u>JOSE CASTILLA / S</u>	<u>288 IROQUOIS ST</u> <u>MIAMI SPRINGS, FL 33166</u>
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**MARIA E GALLEG0 J**

Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)