

L20000079075 page 1

3/17/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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20 MAR 17 PM 12:47

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

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.
ASULADO MEDIA LLC

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

2020 MAR 17 PM 3:05

Electronic Filing Menu

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Help

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MAR 18 2020

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

20 MAR 17 PM 12:47

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASULADO MEDIA LLC

(Must contain 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:

Mailing Address:

5600 SW 135th AVENUE, SUITE 106-R
MIAMI, FL 33183

5600 SW 135th AVENUE, SUITE 106-R
MIAMI, FL 33183

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:

WEST KENDALL REGISTERD AGENTS, INC

Name

5600 SW 135th AVENUE, SUITE 106-R

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

MIAMI FL 33183

City State 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

20 MAR 17 P1

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

ELIA, RAMSEY
5600 SW 135th Avenue, Suite 106-R
Miami, FL 33183

AMBR

SERRANO, VICENTE CARLOS
505 N LAKE SHORE DRIVE, APT 803
CHICAGO, IL 60611

AMBR

MATTEY, JORGE ALBERTO
CATALINA AVE 119
PASADENA, CA 91106

(Use attachment if necessary)

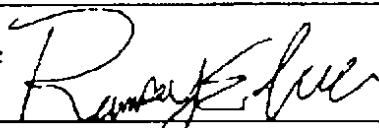
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

RAMSEY ELIA - AMBR

Typed or printed name of signee