

7/22/2020

Division of Corporations
 Florida Department of State
 Division of Corporations
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RECEIVED
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 CORPORATION'S
 COMMERCIAL
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To: Division of Corporations
 Fax Number : (850)617-6381

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.
 LION FUND MANAGEMENT, LLC**

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

2020 JUL 22 AM 11:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LION FUND MANAGEMENT, 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:

1151 FAIRLAKE TERRACE, APT. 1716
WESTON, FL 33326

Mailing Address:

1151 FAIRLAKE TERRACE, APT. 1716
WESTON, FL 33326

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:

CHRISTIAN FERNANDO ZULUAGA AFANIS

Name

1151 FAIRLAKE TERRACE, APT. 1716

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

WESTON FLORIDA 33326

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.

Christian F. Zuluaga Afanis

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

CHRISTIAN F. ZULUAGA AFANIS
1151 FAIRLAKE TERRACE, APT. 1716
WESTON, FL 33326

MGR

RONALD E. HUNG OCANTE
341 LAKEVIEW DR., APT. 204
WESTON, FL 33326

MGR

PIERO A. SALAZAR MICHLOT
1228 CAMELLIA CIRCLE
WESTON, FL 33326

MGR

JULIAN F. OCHOA SANCHEZ
1425 SAINT GABRIEL LN., APT 4208
WESTON, FL 33326

(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:

Christian F. Zuluaga Afanis

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.

CHRISTIAN FERNANDO ZULUAGA AFANIS
Typed or printed name of signee

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)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2020 JUL 22 AM 11:34

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