

10/27/2020

L2000331299

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.

((H20000373604 3)))



H200003736043ABCZ

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)617-6381

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

2020 OCT 27 PM 3:39  
RECEIVED  
CORPORATION DIVISION

\*\*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.  
NED MEDIA WORKS LLC

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

2020 OCT 27 AM 9:41  
FILED  
FACIL HASSEB, FILED

M MOON  
OCT 28 2020

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NED MEDIA WORKS 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:

2600 SW 3rd AVE SUITE PH-B  
MIAMI, FL 33129

2600 SW 3rd AVE SUITE PH-B  
MIAMI, FL 33129

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 REGISTERED AGENTS INC  
Name

5600 SW 135 AVENUE, SUITE 106R  
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)

FILED  
2020 OCT 27 AM 9:41  
TALLAHASSEE FLORIDA

**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

Convergente SpA  
2600 SW 3rd AVE SUITE PH-B  
MIAMI, FL 33129

MGR

JUAN CRISTOBAL FLORENZANO  
2600 SW 3rd AVE. SUITE PH-B  
MIAMI, FL 33129

(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.

JUAN CRISTOBAL FLORENZANO MGR  
Typed or printed name of signee

FILED  
2020 OCT 27 AM 9:41  
FILED  
TALLAHASSEE, FL 32301