

6/16/2021

Division of Corporations

**12100237555**  
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.**

(((H21000237555 3)))



H210002375553ABC/

**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

2021 JUN 16 AM 10:41  
TALLAHASSEE, FLORIDA

FILED

**\*\*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.  
BEST MIAMI LASER, LLC**

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

2021 JUN 16 PM 4:08

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION  
OF  
BEST MIAMI LASER, LLC**

The undersigned hereby execute these Articles for the purpose of forming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. The undersigned further declares that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company (the "Company").

**ARTICLE I: NAME**

The name of the Company shall be **BEST MIAMI LASER, LLC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the Limited Liability Company shall be 3845 NE 163<sup>rd</sup> Street, North Miami Beach, FL 33160.

**ARTICLE III: PURPOSE OF LIMITED LIABILITY  
COMPANY**

This Limited Liability Company may engage or transact in any or all lawful activities or business permitted under Laws of the United States, the State of Florida, or any other state, country, territory or nation.

2021 JUN 16 AM 10:41  
FILED  
COUNTY CLERK OF STATE  
FALLAHASSEE, FLORIDA

**ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Eleonora Polen  
3845 NE 163<sup>rd</sup> Street  
North Miami Beach, FL 33160

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

**ARTICLE V: Manager(s) or Managing Member(s):**

The name and address of managing member/manager is:

(AMBR)  
Eleonora Polen  
3845 NE 163<sup>rd</sup> Street  
North Miami Beach, FL 33160

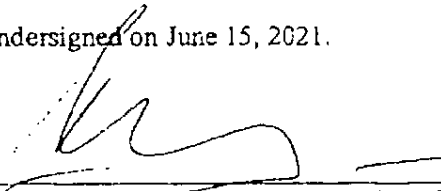
STATE OF FLORIDA  
FALL HARBOR, FLORIDA

2021 JUN 16 AM 10:41

FILED

The undersigned, being the original member of the Company, hereby certifies that the foregoing constitutes the Articles of BEST MIAMI LASER, LLC.

Executed by the undersigned on June 15, 2021.



Signature of a member of an authorized representative of a member