

2/28/23, 2:16 PM

L23000092076

Division of Corporations
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.

((H23000077379 3)))



H230000773793.ABC5

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

2/28
5:44:35

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
FEB 28 AM 3:04

FLORIDA LIMITED LIABILITY CO. 1220 ALTON ROAD LLC

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

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

RE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

1220 ALTON ROAD LLC

ARTICLE II - Address

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

Principal Office Address:

851 Palm Avenue
Hialeah, FL 33010

Mailing Address:

851 Palm Avenue
Hialeah, FL 33010

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:

Celia Lopez
851 Palm Avenue
Hialeah, FL 33010

Having been named as registered agent 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.

FILED
FEB 28 PM 3:01
11 11 2023



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:

"AMBR" = Authorized Member

"MGR" = Manager

Celia Lopez
851 Palm Avenue
Hialeah, FL 33010
Title: MGR

Mario Douglas Benitez Franco
3220 NW 13 Lane
Miami, FL 33125
Title: MGR

ARTICLE VI: 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:

Mario Douglas Benitez Franco

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.)

Celia Lopez

Typed or printed name of signee

2023 FEB 28 AM 3:01
STATE
FL