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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORP  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FLORIDA LIMITED LIABILITY CO.  
NAVASSA Investments LLC

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

RECEIVED

10 MAR -8 PM 4: 27

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

T. HAMPTON

MAR - 9 2010

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name:**

The name of limited liability Company is:

NAVASSA Investments LLC

(Must end with 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:

8041 SW 118<sup>th</sup> CT Miami, FL 33183

Mailing Address:

8041 SW 118<sup>th</sup> CT 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:

Professional Tax Help, Inc  
Name

20812 South Dixie High Way  
Florida street address (P.O. Box NOT Acceptable)

Miami FL 33189  
City, State and Zip

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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 positions as registered agent as provided for in chapter 608, F.S.

Wesley Thomas  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Abraham Jose Janne Herrera  
8041 SW 118<sup>th</sup> CT, Miami FL 33183

_____	_____
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(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:** 03/08/2010 (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:**



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document  
Constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Abraham Jose Janne Herrera  
Typed or printed name of signer

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