

**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.

((H22000164718 3)))



H220001647183ABC-

**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

**\*\*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.**  
**NIATEC USA, LLC**

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

RECEIVED

2022 MAY -6 PM 4:35

CORPORATIONS  
 COMMERCIAL  
 SERVICES

2022 MAY -6 AM 8:19  
 FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

ILED

Electronic Filing Menu

Corporate Filing Menu

Help

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

**ARTICLE I -- Name:**

The name of the Limited Liability Company is:

**NLATEC USA, LLC.**

**ARTICLE II -- Address:**

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

**Principal Office Address:**

4995 NW 72ND AVE, SUITE #205  
MIAMI, FL 33166

**Mailing Address:**

4995 NW 72ND AVE SUITE #205  
MIAMI, FL 33166

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

WORLD OFFICE & BUSINESS PLACE, INC.  
4995 NW 72ND AVE SUITE #205  
MIAMI, FL 33166

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**

FILED  
CLERK OF STATE  
ALL MIAMI, FLORIDA

2022 MAY -6 AM 8:19

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

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

<u>Title:</u>	<u>Name and Address</u>
<u>AMBR</u>	<u>CARLOS ALBERTO ARISTIZABAL</u> <u>4995 NW 72ND AVE SUITE #205</u> <u>MIAMI, FL. 33166</u>
<u>AMBR</u>	<u>CARLOS ANTONIO ARISTIZABAL</u> <u>4995 NW 72ND AVE SUITE #205</u> <u>MIAMI, FL 33166</u>
<u>AMGR</u>	<u>JUAN CARLOS ARISTIZABAL</u> <u>4995 NW 72ND AVE SUITE #205</u> <u>MIAMI, FL 33166</u>

CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

2022 MAY -6 AM 8:19

FILED

REQUIRED SIGNATURE:



Signature of member or an authorized representative of a member

(In accordance with section 605 Florida Statutes, the execution of this document constitutes an affirmation, under the penalties of perjury that the facts stated herein are true.)

Juan aristizabal, carlos aristizabal, carlos aristizabal

Typed or printed name of signed