B11000000177

	(Requestor's Name)
	(Address)
	(Address)
IPICK-U	(City/State/Zip/Phone #) P
	(Business Entity Name)
	(Document Number) Certificates of Status
Special Instruction	s to Filing Officer:
Millo	0645859

Office Use Only



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11 SEP 19 PM 3: 24
SECRETARY OF STATE
BALLAHASSEE, FLORIO

D. BRUCE

SEP 2 0 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 6, 2011

JOSEPH SAKA BERKOWITZ DICK POLLACK & BRANT 200 SOUTH BISCAYNE BLVD. SIXTH FLOOR MIAMI, FL 33131

SUBJECT: FAST LINE MANAGEMENT, LTD.

Ref. Number: W11000045859

We have received your document for FAST LINE MANAGEMENT, LTD. and your check(s) totaling \$1061.25. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 811A00020586:

COVER LETTER

Registration Section

	Division of Corporations					
A.	SUBJECT: Fast Line Management, Ltd. Name of Foreign Limited Parti	nersh	ip or Limited Li	ability	Limited Partnership	-
	The enclosed application, certificate of status and for partnership to transact business in Florida. Please return all correspondence concerning this ma			egister	a foreign limited partnershi	ip or limited liability limited
	Joseph Saka					
	Contact Person					
william.	Berkowitz Dick Pollack & Brant					
	Firm/Company	_				
	200 South Biscayne Blvd. Sixth Floor					
,	Address	-				
,*	Miami, FL 33131					
ŗ.	City, State and Zip Code					
. "	JSAKA@BDPB.COM		171			
	E-mail address: (to be used for future annual repo	rt not	lification)			
١,	For further information concerning this matter, plea	se ca	11:			
	Joseph Saka	at ((305	960	-1262	
·	Name of Contact Person	_		l Dayti	ime Telephone Number	_
	Enclosed is a check for the following amount:					
	\$1,000.00 Filing Fees \$1,008.75 Filing Fees		\$1,052.50 Filing		\$1,061.25 Filing Fee,	
	(\$965 Filing Fee and and Certificate of Status	and	d Certified Copy	,	Certified Copy, and Certificate of Status	aming .
	Fee)				Certificate of Status	FB =
	STREET ADDRESS:	M.	AILING ADDR	ESS.		AFF SF T
	Registration Section	Re	gistration Section	n		1881
	División of Corporations Clifton Building		vision of Corpoi O. Box 6327	ations		(1) - (1) -
, .	2661 Executive Center Circle		llahassee, FL 32	2314		
	Tallahassee, FL 32301					

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. Fast Line Management, Ltd.								
Acceptable Limited Partnership suffixes: Limited Part	Liability Limited Partnership, which must include suffix) tnership, Limited, L.P., LP, or Ltd. xes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.							
If name unavailable, name under which the limited pa business in F	artnership or limited liability limited partnership proposes to register to transact forida; must contain acceptable suffix.							
2. British Virgin Islands	3, 12/19/2000							
State or Country of Formation	Date of Formation							
4. Name of Registered Agent for Service of Process	and Florida Street Address:							
Yehiel Sarshalom								
19101 Mystic Pointe Drive, APT 1404								
Aventura, FL 33180								
5. I hereby accept the appointment as registered agent of all statutes relative to the proper and complete permy position as registered agent.	and agree to act in this capacity. I further agree to comply with the provisions erformance of my duties, and I am familiar with and accept the obligations of							
7. Principle Office (Floride Street Address)								
7. Principle Office: (Florida Street Address)	8. Mailing Address:							
3240 NE 212TH ST (32YUNE 212 37.)	3240 NE 212TH ST (3240 NE 212 51.)							
Aventura, FL 33180	Aventura, FL 33180							
9. If limited partnership is a limited liability limited	j partnership, check box							
10. Name, principal office address, and mailing add	iress of each general partner:							
Name of General Partner: Daniel SarShalom	Name of General Partner:							
Street Address: 3240 NE 212TH ST (3240								
Aventura, FL 33180	Street Address:							
Aventura, FE 33 180								
Mailing Address:								
	RATE 2							
Name of General Partner:	Name of General Partner:							
Street Address:	Street Address:							
Mailing Address:	Mailing Address:							

a Name	of General Partner:	Name of General Partner:
Street	Address:	Street Address:
Mailin	ng Address:	Mailing Address:
(Effective		days after the date this document is filed by the Florida Department of State.) nticated, not more than 90 days prior to the delivery of this application to the
Florida De the law of	epartment of State, by the Secretary of State which it is organized.	tte or other official having custody of the entity's records in the jurisdiction under
Signed thi	s 29 day of A	20 M
The findivi	idual signing this document affirm that th	Signature of a general partner e facts stated herein are true and the individual is aware that 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.
	Filing Fees: Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50

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