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To:

Division of Corporations

Fax Number : (850)617-6383

: FASTKIT CORPORATE OUTFITS Account Name

Account Number: 071001002335, Phone

: (305)599-0839 Fax Number : (305)716-0346



LORIDA/FOREIGN LIMITED LIABILITY CO.

SILVA EQUIPMENT RENTAL, LLC

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

JR

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Compa	my, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address:	of the principal office of the Limited Liability Comp		
The maining address and succi address	of the principal office of the climited Diability Comp	eany i	3.
Principal Office Address:	Mailing Address:		
4960 NW 165 Street Unit B-1			
Miami, FI 33014			
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)		07 OCT 2	DIAISION OF
(The Limited Liability Company cannot serve as its	own Registered Agent. You must designate an individual or another	07 OCT 24	ISION OF C
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	own Registered Agent. You must designate an individual or another		ISION OF CORF
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(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres Tan 143	own Registered Agent. You must designate an individual or another s of the registered agent are: la Agostinho Name	24 AM 8:	ISION OF C

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 obligatations of my position as registered agent as provided for in Chapter 608, F.S.

Agent's Signature (RIBQUIRED)

H07000263689 3

(CONTINUED)
Page 1 of 2

·· H07000263689 3

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Me	amber	
MGRM	Tania Agostinho	
	14399 SW 47 StreeT	
	Miramar, Fl 33027	
MGRM	Adelino Silva Agostinho	
	14399 SW 47 Street	
	Miramar, Fl 33027	07 QCT
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(Use attachment if necessa	erv)	
(Ose attachment if hecessa	<i>3</i> /	
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