

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number: 071001002335

Phone : (305)599-0839

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

SHORT SALES OF SOUTH FLORIDA, LLC

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

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G. MCLEOD

MAY - 1 2008

4/30/2008

EXAMINER

https://cfile.sunbiz.org/scripts/cfilcovr.exe

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTULLU		•		
The name of	the Limited	Liability	Company	ıs:

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SHORT SALES OF SOUTH FLORIDA, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LJ.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6500 COWPEN ROAD, SUITE 301

MIAMI LAKES, FL 33014

6500 COWPEN ROAD, SUITE 301

MIAMI LAKES, FL 33014

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (the) imited Liability Company cannot serve as its own Registered Agent. You must designate an individual or mother business entity with an active Florida registration.)

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

DANIEL M. KEIL, P.A.

Name

6500 COWPEN ROAD, SUITE 301

Flurida street address (P.O. Box NOT acceptable)

MIAMI LAKES

__EL_

City, State, and Zip

Having been named as registered agent and to accept survice 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 608, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page I of 2 CO.-UMA OF COMPONENT

Title: "MOR" - Manager "MORM" - Managing Member	Name and Address:
MANAGER	GERARDO PATRICIO
	6500 COWPEN ROAD, SUITE 301
	MIAMI LAKES, FL 33014

A TABLE	
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(Use attachment if necessary) LEV: Effective date, if other than t	he date of filing: 4/29/08 (OPTIO
LEV: Effective date, if other than the	he date of filing: 4/29/08 (OPTIO) be specific and cannot be more than five business
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	he date of filing: 4/29/08 (OPTIO) be specific and cannot be more than five business where or an authorized representative of a member.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory of the date of the d	per or an anthorized representative of a member.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mean (in accordance with of this decument contact the facts stated GERARDO)	be specific and cannot be more than five business ver or an anthorized representative of a member. Secure 608.408(3), blorida Stantes, the execution estimates in affirmation under the penalties of perjury therein are true.)

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