

L08000088454

Florida Department of State
Division of Corporations
Public Access System

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.

(((H08000216916 3)))



H0800021691634BCD

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) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 SEP 17 AM 8:09

FILED**FLORIDA/FOREIGN LIMITED LIABILITY CO.****ABREA SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

08 SEP 17 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H08000216916 3

FILED

08 SEP 17 AM 8:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABREA SOLUTIONS, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

1000 5TH STREET SUITE 200

MIAMI BEACH, FL 33139

Mailing Address:

SAME

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:

JO-ANN RODRIGUEZ

Name

1000 5TH STREET SUITE 200

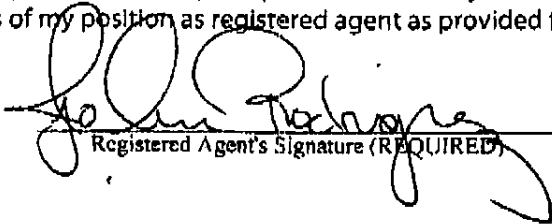
Florida street address (P.O. Box NOT acceptable)

MIAMI BEACH

FL 33139

City, State, and Zip

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 608, F.S..


Registered Agent's Signature (REQUIRED)

H08000216916 3

H08000216916 3

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:

MGRM

ALEX BETANCOURT

1000 5TH STREET SUITE 200

MIAMI BEACH, FL 33139

MGRM

ERROL HUNTER

1000 5TH STREET SUITE 200

MIAMI BEACH, FL 33139

MGRM

PAMELA BANADOS

1000 5TH STREET SUITE 200

MIAMI BEACH, FL 33139

MGRM

ANDREW FUNG

1000 5TH STREET SUITE 200

MIAMI BEACH, FL 33139

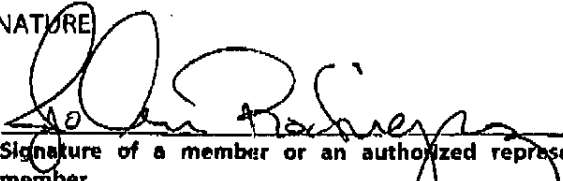
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

JO-ANN RODRIGUEZ

Typed or printed name of signee

FILED
08 SEP 17 AM 8:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H08000216916 3

ARTICLE IV: MANAGERS OR MANAGING MEMBERS

MGRM: JO-ANN RODRIGUEZ
1000 5TH STREET, SUITE 200
MIAMI BEACH, FL 33139

H08000216916 3