

Florida Department of State

Division of Corporations Public Access System

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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



FLORIDA/FOREIGN LIMITED LIABILITY CO.

652 NE 201 UNIT, LLC

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

J. BRYAN

OCT - 2 2008

EXAMINER

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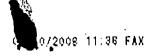
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	any is:	*
·		86 \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
652 NE 201 UNIT, LLC	· · · · · · · · · · · · · · · · · · ·	
(Must cad with the words "Limit	od Liability Company, "L.L.C.," or "LI	(C) (S)
ARTICLE II - Address:		- 627
The mailing address and street address of	fthe principal office of the Liv	mited Liability Company
was warming anomand that artists accounted to	die britterbat errice er ille Ett	$\Xi_{\mathcal{S}}$
Principal Office Address:	Mailing Address:	8: 2:
2106 WEST 62 STREET	2108 WEST 62 STREET	₩ X
HIALEAH, FL 33016	HIALEAH, FL 33016	
ARTICLE III - Registered Agent, Registered Agent, Registered Limited Limited Limited Company cannot serve as its own business entity with an active Florida registration.)	n Registered Agent. You must designed	te an individual or another
The name and the Florida street address of	of the registered agent are:	Effective Date 09/26/08
GERONIMO HE	RNANDEZ	7. 7.5
	Name	_
2108 WEST 62	STREET	
Florida st	reet address (P.O. Box NOT accept	ablo)
HIALEAH,FL 33	016 _{PL}	
City,	Stare, and Zip	-
Having been named as registered agent a	and to accept service of process	for the above stated limited

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 pegistered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2



ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		۲".
MANAGER	GERONIMO HERNANDEZ	08 OCT - 1 AM 8: 26
	2108 WEST 62 STREET	9 Sign
	HIALEAH, FL 33016	<u> </u>
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		RP RP
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		ar ž
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•		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the da	ate of filing: 9/26/08	JAL)
Af an effective date is listed, the date must be s	pecific and cannot be more than five business d	
to or 90 days after the date of filing.)	PARTIE TALL	
	\sim	
<u>REOUIRED</u> SIGNATURE:	/ /	
·	/ /	
Signature of a member of		
	or an authorized representative of a member.	
	or an authorized representative of a member.	
(In accordance with weetle	on 608.408(3). Florida Statutes, the execution	
(In accordance with weetle	on 608.403(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)	