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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKET CORPORATE OUTFITS

Account Number : 071001002335

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

FLORIDA/FOREIGN LIMITED LIABILITY CO.

THE MUSCLE SHACK L.L.C.

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

Electronic Filing Menu

Corporate Filing Menu

10/21/2008 EXAMINE

FLORIDA LIMITED LIABILITY COMPANY
is:
bility Company, "L.L.C.," or "LLC.")
principal office of the Limited Liability Company is:
Mailing Address:
5011 SW 155TH AVE
MIRAMAR, FL. 33027
ed Office, & Registered Agent's Signature: cistered Agent. You must designate an individual or another c registered agent arc:
VE SEE

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

MIRAMAR, FL. 33027_{FL}

City, State, and Zip

Having been named as registered agent and to occapt 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)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MICHAEL QUINTANA
	5011 6W 155TH AVE
	MIRAMAR, FL. 33027
MGR .	ORLANDO E MUNOZ JR
	9044 SW 208TH ST
	CUTTLER BAY, FL. 33189
(V1 attacks = 14.16=a===0.000)	the date of filing: (OPTIONAL)
(Use attachment if necessary)	AHE .
LEV: Effective date, if other than	the date of filing: (OPTIONAL)
ffective date is listed, the date mu	st he specific and cannot be more than five business days prior
days after the date of filing.)	70
	SS SS
REQUIRED SIGNATURE:	
6 6/-	-/

17 (1) 11 18 marketter

MICHAEL QUINTANA
Typed or printed name of signee