

**L090000021768**Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
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Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346**FILED**  
**09 MAR -5 AM 8:04**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**FLORIDA/FOREIGN LIMITED LIABILITY CO.****MEJODIERON.COM LLC**

Certificate of Status	0
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**J. BRYAN**

MAR - 6 2009

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**EXAMINER**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

MEJODIERON.COM LLC

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(Must end with the words "Limited Liability Company," "Limited Company" or 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:

1825 NW 112 AVE. STE.157  
MIAMI, FL 33172

Mailing Address:

SAME

**ARTICLE III- Manager(s) or Managing Member(s):**

The name and address of each Manager of Managing Member is as follows:

Title

Name and Address:

MGR

ANDREINA MERCIA  
1825 NW 112 AVE. STE.157  
MIAMI, FL 33172

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**ARTICLE IV- Registered Agent, Registered Office & Registered Agent's Signature:**

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

Joseph F. Cabanas ~ Cabanas & Associates  
Name

10520 NW 26<sup>th</sup> Street- Suite C201  
Florida Street Address

Doral, FL 33172  
City, State, and Zip

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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 certificated, 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)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution that the facts stated herein are true)

Joseph F. Cabanas  
Type or printed name of signee.

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