

**L09000042413**

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

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Account Name : FASTKIT CORPORATE OUTFITS  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**ALL FLORIDA WORKS, LLC**

Certificate of Status	0
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**EXAMINER**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I:**

The name of the Limited Liability Company is:

ALL FLORIDA WORKS, LLC

**ARTICLE II-ADDRESS:**

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

100 ALMERIA AVE., #230  
CORAL GABLES, FL 33134

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

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

GARCIA, ESPINOSA, MIYARES & CO

Name

100 ALMERIA AVE., #230

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

CORAL GABLES, FL 33134

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 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.

*James M. ...*  
Registered Agent's Signature

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**ARTICLE IV-Management (Check box if applicable)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)

*Chanel St Germain*  
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.)

CHANEL ST GERMAIN  
Typed or printed name of signee