

LO910000099081

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.

((H090002195073)))



H090002195073ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED
09 OCT 13 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

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

L. SELLERS

OCT 14 2009

From:

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

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

FULL POWER, LLC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
09 OCT 13 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the limited liability company is:

FULL POWER, LLC.

ARTICLE II

The mailing address and street address of the principal office of the limited liability company is:

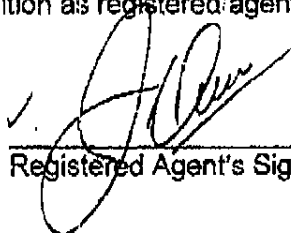
Principle Office Address:
**345 ALMERIA AVE
CORAL GABLES FL 33134**

ARTICLE III

The name and the Florida street address of the Registered Agent are:

**JOSE DANS
345 ALMERIA AVE
CORAL GABLES FL 33134**

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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature


FILED
09 OCT 13 AM 8:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV

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

Title:
MGRM

Name and Address:
JOSE DANS
345 ALMERIA AVE
CORAL GABLES FL 33134



Signature of a member or an authorized representative of a member

JOSE DANS

Typed or printed name

FILED
09 OCT 13 AM 8:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA