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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
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L. SELLERS

FEB 22 2010

EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA/FOREIGN LIMITED LIABILITY CO.
GELADIS USA, LLC**

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:
GELADIS USA, LLC

(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:
4436 NW 74 AVE
MIAMI, FL 33166

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
MGRM

Name and Address:
EMILIO DI GUIDA DENTUTI
4436 NW 74 AVE
MIAMI, FL 33166

MGRM

MARTIN M. MARTIN
4436 NW 74 AVE
MIAMI, FL 33166

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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, P.A.

Name

10520 NW 26th Street ~ Suite #C 201

Florida Street Address

Doral, Fl. 33172

City, State and Zip Code

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.



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)

MARTIN M. MARTIN

Type or print name of signer