Division of Corporations 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.

(((H10000139186 3)))



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

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name Account Number : 120100000009

: FASTKIT CORP

Phone Fax Number

: (305)599-0839 : (305)592-9591

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

Dana 4.1	Address:			
	AUUI HMM:			

Foreign Limited Liability Company BANANA ENTERTAINMENT ENTERPRISĖ LLC.

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

JUN 15 2010

EXAMINER

ARTICLES OF ORGANIZATION FOR FUORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BANANA ENTERTAINMENT ENTERPRISE LLC.

(Must end with the words "Limited Liability Company," Limited Company" or their otherwindon "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: Mailing Address: 11710 NW. SOUTH RIVER DR. # 212 11710 NW. SOUTH RIVER DR.# 212 MEDLEY FLORIDA MEDILEY, FT., 33178 ARTICLE III - Registered Agent, Registered Office, & Registered Agently Signature; (The Umited Linbility Company connect serve as its own Registered Agent, You must designate an individual or sixither business arrive with an source Physida registration." The name and the Florida street address of the registered agent are: ANGEL RLOS ഗ Name 11710 NW. SOUTH RIVER DR. # 212 Florida street address (P.O. Box NOT acceptable)

Having been named as registered agent and to accept service of process for the obove 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 engistered agent as provided for in

Chapter_SDS

gistered Agent's Signature (REQUIRED)

City, State, and Zip

FL 33178

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MCR "	ANGEL RIOS
, , , , , , , , , , , , , , , , , , ,	11716 NW. SOUTH RIVER DR. # 212 MEDLEY, FL. 33178
ייאקפאניי	KARLA RIOS 11710 NW. SOUTH RIVER DR. # 212 MEDLEY, FL. 33178
Use attachment if nacassary)	
OTE: An additional article mu	at be added if an effective date is requested.
LEQUIRED SIGNATURE:	D ≥ m
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein s	n 608.408(3), Fiorida Statutes, the execution s an afficuation under the penalties of pertury
ANCET DIAG	·

Typed or printed name of signes