L10000068649

Florida Department of State
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.

(((H10000150277 3)))

H10000150277 3ABCX

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 : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (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.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
MIAEXPORTS, LLC

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

RECEIVED
10 JUN 28 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 JUN 28 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN
JUN 29 2010
EXAMINER

Electronic Articles of Organization

For

Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

MIAEXPORTS, LLC

Article II

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

335 S. BISCAYNE BLVD STE# 2903

MIAMI, FL 33131

The mailing address of the Limited Liability Company is:

335 S. BISCAYNE BLVD STE# 2903

MIAMI, FL 33131

FILED
10 JUN 28 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I II

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

Gene Borges

335 S. BISCAYNE BLVD

Miami, FL 33131

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 Signature: _____

Gene Borges

Article V

The name and address of managing members/managers are:

Title: MGRM
GENE BORGES
335 S. BISCAYNE BLVD STE# 2903
MIAMI, FL 33131

Title: MGR
CALUDIA MARGARITA FERNANDEZ GOICO
335 S. BISCAYNE BLVD STE # 2903
MIAMI, FL 33131

Signature of member or an authorized representative of a member

Signature: _____

GENE BORGES

FILED
10 JUN 28 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA