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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: FASTKIT CORP Account Name 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. KASA Y KOCINA IMPORT, LLC

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

AUG - 9 2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Co	mpany is:	
KASA Y KOCINA IMPORT	LLC	er "
	imited Liability Company, "L.L.C.,	"or"LLC.")
ARTICLE II - Address: The mailing address and street addres	s of the principal office of t	the Limited Liability Company is:
Principal Office Address:	Mailing Addre	255 <u>:</u>
7864 SW 102 LANE	7864 SW 102 LAN	VE
MIAMI, FL 33156	MIAMI, FL 33	156
ARTICLE III - Registered Agont, F (The Umited Liability Company cannot serve as i business endity with an active Florida registration	ts own Registered Agent, You must L)	designate an individual or stother
The name and the Florida street addre	ss of the registered agent a	ret .
SIL	VIO CASTILLO	•
	Name	
68	865 SW 131 CT	
Plorie	da street address (P.O. Box NOT	acceptable)
MIAMI	pt. 33183	·

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 aertificate, 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.

City, State, and Zip

Registered Gent Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE

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

		

Name and Address:

REQUIRED SIGNATURE:

Title:

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 porjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Foos:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE OF CORPORATION OF CORPORATION