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

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**FLORIDA LIMITED LIABILITY CO.
J.H.L. DISTRIBUTOR, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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AUG 31 2010

EXAMINER



August 30, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: J.H.L. DISTRIBUTOR, LLC
REF: W10000040788

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

FAX Aud. #: H10000192428
Letter Number: 410A00020682

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I- Name:

The name of the Limited Liability Company is:

J.H.L. DISTRIBUTOR, LLC

Article II-Address:

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

Principal Office Address:

Mailing Address:

17230 N.W. 77th CT, HIALEAH FL, 33015

SAME

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration).

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

JAIME H LOPEZ 17230 N.W. 77th CT, HIALEAH FL, 33015

Having been named as registered agent and to accept services 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)

(continue)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-Manager(s) or Managing Member(s)

The name and address of each Manager or managing Member is as follow:

TITLE: _____ **Name and Address**

MGR= Manager

MGRM= Managing Member

MGR

JAIME H LOPEZ 17230 N.W. 77th CT,

HIALEAH, FL 33015.

ARTICLE V: Effective date, if other, than the date of filing, SEPTEMBER 01, 2010.

(The effective date:1) cannot be prior to not more than 90 days after this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:



Jaime H Lopez
Registered Agent/Manager/Managing Member

SIGNATURE OF THE 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 perjury that that the facts stated herein are true.)

JAIME H LOPEZ _____ Type or printer name of signee.