

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
Fax Number : (305) 592-9591

Effective Date 09/01/10

****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.
C.A.S. INTERNATIONAL DISTRIBUTORS, LLC

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

RECEIVED
10 SEP -1 PM 2:42
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TALLAHASSEE, FLORIDA

FILED
10 SEP -1 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

C.A.S. INTERNATIONAL DISTRIBUTORS, 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:

15504 SW 19th STREET, MIRAMAR, FL 33027

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).

Effective Date *09/01/10*

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

CHRISTIAN A SOMAZA, 15504 SW 19th STREET, MIRAMAR FL, 33027 .

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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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

CHRISTIAN A SOMAZA, 15504 SW 19th STREET

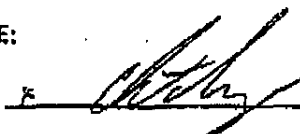
MIRAMAR FL. 33027

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TALLAHASSEE, FLORIDA

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:

 _____

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.)

CHRISTIANA SOMAZA _____ Type or printer name of signee.