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G. MCLEOD

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EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ADTICTET

NEJ DESIG	SN, LLC	•	
	(Must end with the words "I	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II	=, ::	s of the principal office of the Limited Liability Cou	npany is:
Principal Of	fice Address:	Mailing Address:	
: 4857 SW 76th Si	treet	4857 SW 76th Street	
ARTICLE II	II - Registered Agent, I	Miami, FL 33143 Legistered Office, & Registered Agent's Signature	}: r
ARTICLE II (The Limited Liel business entity v	II - Registered Agent, I bility Company cannot serve as a vith an active Florida registration d the Florida street addre Joseph F. Caban	Miami, FL 33143 Registered Office, & Registered Agent's Signature as own Registered Agent, You must designate an individual or another.) as of the registered agent are: as - Cabanas & Associates, P.A. Name	10 SEP 27
ARTICLE II (The Limited Liel business entity v	II - Registered Agent, I bility Company cannot serve as a vith an active Florida registration d the Florida street addre Joseph F. Caban 10520 NW 26th	Mlami, FL 33143 Registered Office, & Registered Agent's Signature is own Registered Agent. You must designate an individual or another.) See of the registered agent are:	F 10 SEP

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)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address:
MGRM .	Doucet, Nicole
	4857 SW 76th Street, Miami, FL 33143
<u> </u>	
Use attachment if necessa LE V: Effective date, if other in the desired in the d	ry) our than the date of filing: (OPTION ate must be specific and cannot be more than five business d
LE V: Effective date, if oth ective date is listed, the de	ry) ner than the date of filing: (OPTION ate must be specific and cannot be more than five business d g.)
LE V: Effective date, if oth ective date is listed, the days after the date of filing REQUIRED SIGNATUR	ry) ser than the date of filing: the must be specific and cannot be more than five business d g.) E:
LE V: Effective date, if oth ective date is listed, the didays after the date of filing REOUIRED SIGNATUR Signature of	ry) or than the date of filing: (OPTION ate must be specific and cannot be more than five business d g.) EE:

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

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

Having been name as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

JOSEPH F. CABANAS CABANAS & ASSOCIATES, P.A.

Registered Agent

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 penjury that the facts stated herein are true.)

JOSEPH F. CABANAS

Typed or Printed Name of Signee