

**L10000107115**  
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.**

(((H10000225068 3)))



H100002250683ABCY

**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

FILED  
 RECEIVED  
 2010 OCT 13 AM 9:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

Email Address: \_\_\_\_\_

FILED  
 2010 OCT 13 AM 9:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
Capital Resource & Lending, L.L.C**

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

**C. LEWIS  
OCT 14 2010  
EXAMINER**

**FILED**  
2010 OCT 13 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I:**

The name of the Limited Liability Company is:

**Capital Resource & Lending, L.L.C**

**ARTICLE II-ADDRESS:**

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

**Physical Address:**  
1856 N.W. 22<sup>nd</sup> Avenue  
Miami, FL 33125

**Mailing Address:**  
110 Madeira Avenue  
Coral Gables, FL 33134

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

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

**Professional Financial Services, L.L.C.**

**Name**

**110 Madeira Avenue**

**Florida street address (P.O. Box not acceptable)**

**Coral Gables, FL 33134**

**City, State, and Zip**

FILED  
2010 OCT 13 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

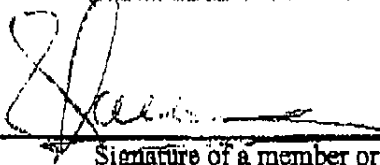


Registered Agent's Signature  
TERESITA FUENTES

**ARTICLE IV-Management (Check box if applicable)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)



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 perjury that the facts stated herein are true.)

JOSE R. FELANCO

Typed or printed name of signee