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.

Electronic Filing Cover Sheet

(((H10000238135 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

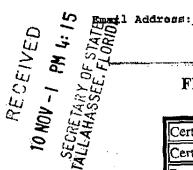
Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : 120100000009 : (305)599~0839 Phone 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. \*\*



## FLORIDA LIMITED LIABILITY CO. CB 2010 ENTERPRISE LLC.

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

Electronic Filing Menu

Corporate Filing Menu

NOV -2 2010

·	FLORIDA LIMITED LIABILITY COMPANY
	P. 5
	75.7
ARTICLES OF ORGANIZATION FOR I	FLORIDA LIMITED LIABILITY COMPANY,
. MAYOT TO YOUR	FST.
ARTICLE I - Name: The name of the Limited Liability Company is	
	<del>7</del>
CB 2010 ENTERPRISE LLC.	
(Must end with the words "Limited Lin	bility Company, "L.L.C.," or "LLC.")
The mailing address and street address of the Principal Office Address:	principal office of the Limited Liability Company is:  Mailing Address:
2340 NW. 171 TERR.	2340 NW. 171 TERR.
MIAMY, FL. 33166	MIAMI, FL. 33156
	·
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot sorve as its own Registration with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Yoslaine Valde	· S
Nam	s
748 SW. 100 CT.C	IR
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)
CORAL GABLES	FL 33174

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..

City, State, and Zip

ed Agont's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
'MGR" = Manager	
'MGRM" = Managing Member	•
"MGR <sup>H</sup>	CIRO G. BARLAS
	2340 NW. 171 TERR.
	MIAMI, FIORIDA 33156
" MGRM "	YOSLAINE VALDES
	2340 NW. 171 TERR.
	MIAMT, FLORIDA 33156
(Y	
Use attachment if necessary)	
EV: Effective date, if other tha	an the date of filing: (OPTION
EV: Effective date, if other the ective date is listed, the date in	an the date of filing: (OPTION ust be specific and cannot be more than five business de
EV: Effective date, if other the ective date is listed, the date in	an the date of filing: (OPTION nest be specific and cannot be more than five business de
EV: Effective date, if other the ective date is listed, the date in ays after the date of filing.)	an the date of filing: (OPTION ust be specific and cannot be more than five business de
EV: Effective date, if other tha	an the date of filing: (OPTION east be specific and cannot be more than five business date.
EV: Effective date, if other the ective date is listed, the date in lays after the date of filing.)	an the date of filing: (OPTION ast be specific and cannot be more than five business di
E V: Effective date, if other that ective date is listed, the date in lays after the date of filing.)  EQUIRED SIGNATURE:	ust be specific and cannot be more than five business d
EV: Effective date, if other that ective date is listed, the date in lays after the date of filing.)  EQUIRED SIGNATURE:  Signature of a magniture of a magn	nest be specific and cannot be more than five business di
E V: Effective date, if other the ective date is listed, the date in lays after the date of filing.)  EQUIRED SIGNATURE:  Bignature of a magnification of a magnifica	ust be specific and cannot be more than five business d