Division of Corporations Electronic Filing Cover Sheet

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TQ:

Division of Corporations

Fax Number : (850) 61.7-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839

: (305)592-9591 Fax Number

Enter the smail 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. YOUKI10 LLC

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

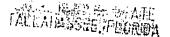
Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

YOUKI10 LLC

(Must and with the words "Limited Liability Company, "L.L.C.," or "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:	- 1
3921 NE 167 ST	SAME	_
N MIAMI BEACH FL 33160		
,		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company caunot 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:

ALMA PATRICIA RIVERA

Name

3921 NE 167 ST

Florida street address (P.O. Box NOT acceptable)

N MIAMI BEACH pt. 33160

City, State, and Zip

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 (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: <u>Title:</u> "MGR" - Manager "MGRM" = Managing Member ALMA PATRICIA RIVERA MGR 3921 NE 167 ST N MIAMI BEACH FL 33160 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: 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 panelties of perjury that the facts stated begin are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.817.155, F.S.)

ALMA PATRICIA RIVERA

Typod or printed name of signee

Filias Fees:

\$125.00 Filing Fee for Articles of Organization and Dasignation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$.5.00 Certificate of Status (Optional)