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From: Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 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.
Email Address:
IO NOV 29 AN IO: 04 SECRETARY OF STATE FLORIDA LIMITED LIABILITY CO. PONCE HOLDINGS RESERVE, LLC Certificate of Status 0 Certificate of Status 0 Certified Copy 1 Page Count 02 Page Count 02 Batimated Charge
G. MCLEOD
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PONCE HOLDINGS RESERVE, LLC

ARTICLE I – Name

The name of the Limited Liability Company is PONCE HOLDINGS RESERVE, LLC

ARTICLE II - Address

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

Principal Office Address: 2320 Ponce de Leon Blvd Coral Gables, Fl 33134 <u>Mailing Address:</u> 2320 Ponce de Leon Bivd Coral Gables, Fl 33134

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign (The Limited Liability Company connot serve as its own Registered Agent. You must designate an individual or a		ness	
ontity with an active Florida registration.)		0	
	A	S	-11
The name and the Florida street address of the registered agent are:		~	9 9 8
Armando Hernandez, CPA, PA	ETAR	29	1451.00
2320 Ponce de Leon Blvd	rm -<	_	B
Coral Gables, Fl 33134	nd L	AM	Γ¶
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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 am familiar with and accept the obligations of my position as registered agent as provided for In Chapter 608, F.F.

Registered Agent's Signature (REQUIRED)

(Continued)

ARTICLE IV -- Manager(s) or Managing Member(s) The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> Managing Momber <u>Name and Address:</u> Armando Hernandez 1420 Agua Avenuo Coral Gables, Fl 33134

Managing Momber

Ana M. Hernandez 1420 Agua Avenue Coral Gables, Fl 33134

ARTICLE V: Effective date, if other than the date of filing: November 26, 2010. (OPTIONAL) (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 of 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. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.)

ANHANDO HEPMANDEL

Typed or printed name of signee