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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
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**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO.  
IB ECO TECHNOLOGIES, LLC

Effective Date 11-29-10

Certificate of Status	0
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B. BOSTICK

DEC 2 2010

EXAMINER

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**IB ECO TECHNOLOGIES, LLC**

(Must end 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:**

9737 NW 41 ST STE 518  
MIAMI FL 33178

**Mailing Address:**

9737 NW 41 ST STE 518  
MIAMI FL 33178

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

(The Limited Liability Company cannot 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:

MAIGUALIDA TORRES

Name

9737 NW 41 ST STE 518

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

MIAMI

FL 33178

City, State, and Zip

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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 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)

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

MAIGUALIDA TORRES

9737 NW 41 ST STE 518

MIAMI FL 33178

MGRM

RAFAEL MARTINS DE FRITAS

AVE PPAL JORGE COLL, EDIF GUATACARE PARK

ESTADO NUEVA ESPARTA, VENEZUELA

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/29/2010 (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 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. 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 s.817.155, F.S.)

**MAIGUALIDA TORRES**

Typed or printed name of signee