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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H10000266070 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FASTKIT CORP

Addount Number : I20100000009 Phona : (305)599-0839

Fax Number : (305)592-9591

12/14/10

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

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## FLORIDA LIMITED LIABILITY CO. Sirena Del Mar LLC

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

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10 DEC 15 AM 8: 32

12/10/2010

December 15, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: SIRENA DEL MAR LLC

REF: W10000057834

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date is not acceptable since it is not within five working days of the date of receipt.

List the Registered Agents name exactly as it appears on DOS records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H10000266070 Letter Number: 610A00028967

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Compar	ny is:	· A selected designation	
Sirena Del	Mar LLC		
(Must end with the words "Limited	Linbitity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Comp	any is:	
Principal Office Address:	Malling Address:		
8851 SW 44 St. Apt 305 Miami, Florida 33155	Same as Office Address		
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Plorida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	1 <u>0</u>	DIVISION
The name and the Florida street address of	the registered agent are:	10 DEC	黑流
Brito & Brito Accou	nting Inc.	5	무 <u>중</u>
	lame	2	.2805 38 A
407 Lincoln Ro	d Ste 9a	င်္ဘာ င်္ဘာ	異々
Florida stre Miami Beach	el address (P.O. Box <u>NOT</u> acceptable) FL 33139	: :32:	ATION

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

Registered Agent's Signiture (REQUIRED) George L Brito

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memi	Name and Address:
MGRM	Sandra Santofimio  OBSISW 495+ Ap+# 305  Wigner Florida 33165
MGR	Fanny Pedrique  6851 Sw 44 St Apt # 305  4 cm Fluida 33155
•	
_, <u></u>	
(Use attachment if necessary)	
(Use attachment if necessary) ICLE V: Effective date, if other effective date is listed, the date 90 days after the date of filing.)	than the date of filing: 12/14/2010 (OPTIONAL) must be specific and cannot be more than five business days prior
ICLE V: Effective date, if other effective date is listed, the date	than the date of filing: 12/14/2010 (OPTIONAL) must be specific and cannot be more than five business days prior

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

Filing Fees: