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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009

Phone Fax Number : (305)599-0839 : (305)592-9591 1/3/1/1

SECRETARY OF STATE DIVISION OF CORPORATIONS

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

Ema11	Address:		

TECEIVED TIFEB - I PH 4: 04 TECHTASSES, FLANS

FLORIDA LIMITED LIABILITY CO. NORTH OCEAN BLVD 704, LLC

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

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	ΤI	CI	E	1	-]	Nam	c:

The name of the Limited Liability Company is:

NORTH OCEAN BLVD 704, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:	Mailing Address:
252 SW 186TH AVE MIRAMAR FLORIDA 33029	4252 SW 186TH AVE MIRAMAR FLORIDA 33029
·	
	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The Limited Liability Company cannot serve as its	own Registered Agent. You must designate an individual or another
The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The manne and the Florida street address	own Registered Agent. You must designate an individual or another
The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The manne and the Florida street address	own Registered Agent. You must designate an individual or another s of the registered agent are:

4252 SW 186TH AVE Florida street address (P.O. Box NOT acceptable) MIRAMAR FLORIDA 33029 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	EDGAR AGUIAR 4252 SW 186TH AVE MIRAMAR FLORIDA 33029
·	
· ·	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the can effective date is listed, the date must be or 90 days after the date of filing.)	late of filing: 01/31/2011 (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	1/
<u> </u>	1.4
Signature of a member	or an authorized representative of a member.
	or an authorized representative of a member. 108(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)

Filing Fees:

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

Typed or printed name of signes