| č  | Division Corporation Corporations<br>Florida Department of State<br>Division of Corporations<br>Electronic Filing Cover Sheet  | Page 1 of 1        |
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|  | From:<br>Account Name : FASTKIT CORP<br>Account Number : 120100000009<br>Phone : (305)599-0839<br>Fax Number : (305)592-9591   | AN 8: 06           |
|  | **Enter the email address for this business entity to be used for futu<br>annual report mailings. Enter only one email address please.**<br>   | x0                 |
|  | FLORIDA LIMITED LIABILITY CO.<br>SALFE CATERING LLC  |                    |
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I -- Name:

The name of the Limited Liability Company is: SALFE CATERING LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 13880 SW 139 CT, Miami, FI 33186

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

The name and the Florida street address of the registered agent are:

## Luis G. Brito Name

### 407 Lincoln Rd Ste 9A Florida Street address (P.O. Box <u>NOT</u> acceptable)

Miami Beach, Fl 33139 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 familian with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signation

ARTICLE IV - Management (Check box if applicable)
The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

ele must be added if an effective date is requested) h additiona (A 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 penaltics of perfory that the facts stated increase are true.) Mauricio Salcedo 13880 SW 139 Ct Miami, FI 33186

Typed or printed name of signee

Signature of a moniber 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.)

> Felipe Cuellar 13880 SW 139 Ct Miami, Fl 33186

Date: February 1, 2011

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