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 : (305)599-0839

Fax Number

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an	nual	report	mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	* *

Email	Address:		

FLORIDA LIMITED LIABILITY CO. MAGIC TOUCH LANDSCAPING AND DESIGNS, LLC

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

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	ľ	N:	ame
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The name of the Limited Liability Company is:

MAGIC TOUCH LANDSCAPING AND DESIGNS, LLC

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

ARTICLE II - Address:

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

Principal Office Ad	dress:	Mailing Address:		
16593 SW 54 ST. MIAMI. FL 33185		16593 SW 54 ST, MIAMI, FL 33185	Market No. 1 -	
THE WILL IS A COLUMN				
ARTICLE III - Reg (The Limited Liability Com- business entity with an act	peny cannot servo as its own Rogisto	Office, & Registered Agent and Agent. You must designate on in	dividual or another	
The name and the Flo	orida street address of the re	gistered agent are:	TALL TALL	
	YOSLAN MAF	RERO	요즘 급	1
_	^ Name	- 	B 17 TARY IASSE	S-course.
	16593 SW	54 ST.	CY1	Sandani f
_	Florida street add	ress (P.O. Box NOT acceptable)	AMI OF S	П
	MIAMI,	_{PL} 33185	STA	
-	City, Sta	te, and Złp	MII: 34 F STATE FLORIDA	

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 Dignature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

11tle:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Men	tber 1000 1000 1000 1000 1000 1000 1000 10
MGRM	YOSLAN MARRERO
21.2	16593 SW 54 ST.
	MIAMI, FL 33185
·	
•	

(Use attachment if necessary	·)
FICLE V: Effective date, if other	r than the date of filing: (OPTIONAL)
	e must be specific and cannot be more than five business days prior
90 days after the date of filing.)
<u>REQUIRED</u> SIGNATURE	t:
	the law Marca
Signature o	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.)

YOSLAN MARRERO

Typed or printed name of signee

Filing Face:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)