

Division of Corporations

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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  
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L. SELLERS

MAR 21 2011

EXAMINER

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

Email Address: \_\_\_\_\_

RECEIVED  
11 MAR 18 PM 3:59  
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FLORIDA LIMITED LIABILITY CO.  
D.FINE AT SUNSET, LLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I:**

The name of the Limited Liability Company is:

**D.FINE AT SUNSET, LLC**

**ARTICLE II-ADDRESS:**

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

**7225 SW 57<sup>TH</sup> COURT  
MIAMI, FL 33143**

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

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

**NORA SCHOFIELD**

Name

**14300 SW 78<sup>TH</sup> AVENUE**

Florida Street address (P.O. Box not acceptable)

**PALMETTO BAY, FL 33158**

City, State, and Zip

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**TALLAHASSEE, 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.

*Nora Schofield*  
Registered Agent's Signature

**ARTICLE IV-Management (Check box if applicable)**

X The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)

*Nora Schofield*  
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.).

NORA SCHOFIELD

Typed or printed name of signee

The name and address of each manager is as follows:

NORA SCHOFIELD  
14300 SW 78<sup>th</sup> AVENUE  
PALMETTO BAY, FL 33158

ALEXA PAUL  
14300 SW 78<sup>th</sup> AVENUE  
PALMETTO BAY, FL 33158

*[Handwritten signature]*

*[Handwritten signature]*