

L11000060299

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000136628 3)))



H110001366283ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6363

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

2011 MAY 20 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
1345 Pennsylvania LLC

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

RECEIVED
11 MAY 20 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT
MAY 23 2010
EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1345 Pennsylvania LLC

ARTICLE I – Name

The name of the Limited Liability Company is:

1345 Pennsylvania LLC

ARTICLE II – Address

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

Principal Office Address:
2320 Ponce De Leon Blvd
Coral Gables FL 33134

Mailing Address:
2320 Ponce De Leon Blvd
Coral Gables FL 33134

2011 MAY 29 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Worldwide Corporate Administrators, LLC
2320 Ponce de Leon Blvd
Coral Gables, FL 33134

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.F..



Registered Agent's Signature (REQUIRED)

(Continued)

ARTICLE IV – Manager(s) or Managing Member(s)

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

Title:
Managing Member

Name and Address:
Pedro Florez Gutierrez
888 Brickell Key Drive 17-12
Miami, FL 33134

Title:
Managing Member

Name and Address:
Josefina Rosa Diaz De Florez
888 Brickell Key Drive 17-12
Miami, FL 33134

2011 MAY 20 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

ARTICLE V: Effective date, if other than the date of filing: _____.

(OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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. I am aware the 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.)

Pedro Florez Gutierrez

Typed or printed name of signee