

**L11000143903**

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.**

(((H11000143903 3)))



H110001439033ABCW

**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) 617-6383

From: Account Name : FASTKIT CORP  
Account Number : I201000000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUN -1 AM 9:00

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.  
AGRO HERMES, LLC**

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

**D. BRUCE**

JUN 02 2011

**EXAMINER**

RECEIVED  
11 JUN -1 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**AGRO HERMES, LLC**

**ARTICLE I -- Name**

The name of the Limited Liability Company is:

**AGRO HERMES, LLC**

**ARTICLE II -- Address**

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

**Principal Office Address:**

90 SW 3 Street  
Unit 3405  
Miami, FL 33131

**Mailing Address:**

90 SW 3 Street  
Unit 3405  
Miami, FL 33131

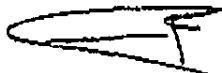
**ARTICLE III -- Registered Agent, Registered Office, & Registered Agent's Signature:**

*(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..*



Sandra Pino

(Continued)

FILED  
11 JUN -1 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

Pedro Antonio Girardi Valcillos  
90 SW 3Street  
Apt 3405  
Miami, FL 33131

Susana Melissa Girardi Estrada  
90 SW 3Street  
Apt 3405  
Miami, FL 33131

Susana Marlene Estrada de Girardi  
90 SW 3Street  
Apt 3405  
Miami, FL 33131

Marlene Del Carmen Girardi Estrada  
90 SW 3Street  
Apt 3405  
Miami, FL 33131

Pedro Rafael Girardi Estrada  
90 SW 3Street  
Apt 3405  
Miami, FL 33131

**ARTICLE V:** Effective date, if other than the date of filing: May 31, 2011

(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:**

*Marlene de Girardi*

\_\_\_\_\_  
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.)

**Susana Marlene Estrada De Girardi**

\_\_\_\_\_  
Typed or printed name of signee

FILED  
11 JUN -1 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA