

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) 617-6363

L. SELLERS

From:

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

JUN 17 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: _____

**FLORIDA LIMITED LIABILITY CO.
BUENAS MARCAS, LLC**

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

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BUENAS MARCAS, LLC

ARTICLE I – Name

The name of the Limited Liability Company is:

BUENAS MARCAS, LLC

ARTICLE II – Address

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

Principal Office Address:

3517 NW 82 Avenue

Miami, FL 33122

Mailing Address:

3517 NW 82 Avenue

Miami, FL 33122

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.)

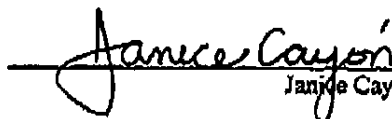
The name and the Florida street address of the registered agent are:

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..


Janice Cayon

(Continued)

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

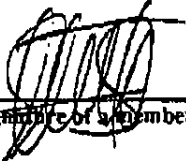
The name and address of each Manager or Managing Member is as follows:

Avelino Dos Santos Silva
3517 NW 82 Avenue
Miami, FL 33122

Ambrosio Peraza
3517 NW 82 Avenue
Miami, FL 33122

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.)

Avelino Dos Santos Silva

Typed or printed name of signer

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