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.

(((H11000214977 3)))



H110002149773ABC%

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 : I20100000009

Phone Fax Number : (305)599~0839 : (305)592-9591

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

Email Address:

11 AUG 30 PH

FLORIDA LIMITED LIABILITY CO. PLENITUD L.L.C.

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PLENITUD L.L.C. (Must end with the words "Limb	red Limbility Company, "L.L.C.," or "LLC.")	20 H AI
ARTICLE II - Address: The mailing address and street address o		bility Company
		EEC
Principal Office Address:	Mailing Address:	
Principal Office Address: 3399 N.W. 72 AVENUE SUITE 107 MIAMI, FL 33122	Mailing Address: 3399 N.W. 72 AVENUE SUITE 107	

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

MONICA BOTERO 3399 N.W. 72 AVE. STE. 107 Florida street address (P.O. Box NOT acceptable) **MIAMI** _{FL} 33122 City, State, and Zip

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 Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

7	ì
17	-
	س سر

<u>Fitte:</u>	Name and Address:	
'MGR" = Manager		<u> </u>
'MGRM" = Managing Member	•	
MANAGER	MONICA BOTERO	
	3399 N.W. 72 AVE. SLITE 107	(7)
	MAMI, FL 32122	m _o
MANAGING MEMBER	JAIME QQUENDO	FL
	3399 N.W. 72 AVE, SUITE 107	1
	MIAMI, FL 33122	CD f¥
MANAGING MEMBER	MARIO OQUENDO	
	3399 N.W. 72 AVE. SUITE 107	
	MIAMI, FL 33122	
		
Use attachment if necessary)		
E V: Effective date, if other than the	data of filing	(OPTION/
e v: Checkle hand it omer district he	e specific and cannot be more than five	
lays after the date of filing.)	c sheering wan common on more small time	nesiness an

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 that any false information submitted in a document to the Department of State constitutes a third degree feloxy as provided for in s.817.155, F.S.)

MONICA BOTERO

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

Typed or printed name of signee

Filing Feen;

Filing Fee for Articles of Organization and Designation of Registered Agent
Certified Copy (Optional)
Certificate of Status (Optional)