

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.

((H11000233135 3)))



H110002331353ABCT

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) 617-6393

From:

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

****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 SEP 23 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
HTS HARBOR TRAVEL & SERVICES, LLC.**

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

FILED
11 SEP 23 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. MCLEOD

Electronic Filing Menu

Corporate Filing Menu

SEP 26 2011

Help

EXAMINER

**ARTICLES OF ORGANIZATION FOR
HTS HARBOR TRAVEL & SERVICES, LLC.**

**ARTICLE I
NAME**

The name of the Limited Liability Company is HTS HARBOR TRAVEL & SERVICES, LLC.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the HTS HARBOR TRAVEL & SERVICES, LLC. is 1648 NW 144 Way, Pembroke Pines, Florida 33028.

**ARTICLE III
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV
PURPOSE OF ORGANIZATION**

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

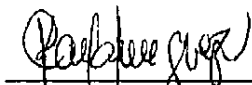
**ARTICLE V
REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT'S SIGNATURE**

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

KARLA L INIGUEZ
1648 NW 144 Way
Pembroke Pines, Florida 33028.

FILED
11 SEP 23 PM 2:27
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Having been named 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 and accept the obligations of my position as registered agent.



KARLA L. INIGUEZ
REGISTERED AGENT

ARTICLE VI
MANAGEMENT

The Limited Liability Company is to be managed by Managing Members and the names and addresses of the Managing Members are:

KARLA L. INIGUEZ

1648 NW 144 Way
Pembroke Pines, Florida 33028.

CRISTIAN X. JARAMILLO

1648 NW 144 Way
Pembroke Pines, Florida 33028.

ARTICLE VII
EFFECTIVE DATE

The effective date for this Limited Liability Company shall be September 21, 2011.



KARLA L. INIGUEZ
MEMBER