

L 1.1 Ober ide Department of State 24 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.

(((H110002882613)))



H110002882613ABC\$

Note: DO NOT	Doing so will generate another cover sheet.	page.	2011	
menne desti d E. S S. S. S. C. arestrodit sen desti har caldi c	and the second of the second of the second desired and the second	P.E.	EC EC	-
ro:		255	ß	-
	Division of Corporations .	S	ω	F-1
	Fax Number : (850)617-6383	mg	200	1,
From:		75	خلاب ا	
E EO/H :	Account Name : FASTKIT CORP	95		

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

: (305)599-0839

: (305)592-9591

Account Number : I20100000009

Phone Fax Number

	Address:			
eman i	ACCTORO:			

FLORIDA LIMITED LIABILITY CO. TURANDOT, LLC

RECEIVED HOEC-8 PHOSTIB SECRETARY OF STATE

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

C. LEWIS

DEC 9 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2011 DEC =8 AM 7:46

SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited	Liability Company is:

TURANDOT, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6500 COWPEN ROAD, SUITE 301 MIAMI LAKES, FL 33014

6500 COWPEN ROAD, SUITE 301 MIAMI LAKES, FL 33014

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:

DANIEL M. KEIL

Name

6500 COWPEN ROAD, SUITE 301

Florida street address (P.O. Box NOT acceptable)

MIAMI LAKES

FL 33014

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

FILED

2011 DEC =8 AM 7: 46

"MGR" = Manager "MGRM" = Managing	Name and Address: Member	
MGR	DANIEL M. KEIL	
	6500 COWPEN ROAD, SUITE 301	
	MIAMI LAKES, FL 33014	
•		
•		
4		
		ŕ
•		
		•
		•
(1)	\	
(Use attachment if nece	ssary)	
	•	
LEV: Effective date, it	other than the date of filing: (OPTIONAL)	
LE V: Effective date, is fective date is listed, th	other than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days pr	rior
ffective date is listed, th	e date must be specific and cannot be more than five business days pr	riot
ffective date is listed, th	e date must be specific and cannot be more than five business days pr	rior
Sective date is listed, the date of the da	e date must be specific and cannot be more than five business days pr iling.)	rioi
ffective date is listed, th	e date must be specific and cannot be more than five business days pr iling.)	riot
Sective date is listed, the date of the da	e date must be specific and cannot be more than five business days pr iling.)	rioi
fective date is listed, the days after the date of second REQUIRED SIGNAT	e date must be specific and cannot be more than five business days pr iling.)	riot

Fling Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Typed or printed name of signee