

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP  
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Phone : (305) 599-0839  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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FLORIDA LIMITED LIABILITY CO.  
LUSTRI & LUSTRI, LLC

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

Electronic Filing Menu

Corporate Filing Menu

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B. BOSTICK

MAR 22 2012

EXAMINER

RECEIVED  
12 MAR 21 PM 5:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
12 MAR 21 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

LUSTRI & LUSTRI, LLC

**ARTICLE II- Address:**

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

Principal Office Address:

4518 Lake Calabay Drive  
Orlando, FL 32837

Mailing Address:

4518 Lake Calabay Drive  
Orlando, FL 32837

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

The name and the Florida street address the registered agent is:

BARRY N. BRUMER

\_\_\_\_\_  
Name

900 EAST MICHIGAN STREET

\_\_\_\_\_  
Florida Street address (P.O. Box NOT acceptable)

ORLANDO, FL 32806

\_\_\_\_\_  
City, State, and Zip

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*Having been named as registered agent 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 positions as registered agent as provided for in Chapter 608, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

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

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

**Title:**

**Name and Address:**

"MGR"= Manager

"MGRM"= Managing Member

MGRM

TAILA DE MATHEUS LUSTRI  
4518 Lake Calabay Drive  
Orlando, FL 32837

MGR

CARLOS ALBERTO LUSTRI  
4518 Lake Calabay Drive  
Orlando, FL 32837

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Barry N. Brumer as attorney*  
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.)

**BARRY N. BRUMER**

\_\_\_\_\_  
Typed or printed name of signer