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.

(((H12000141229 3)))



H120001412283ABCW

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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 future annual report mailings. Enter only one smail address please.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO.

## Vincenza LLC

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

A. LUNT

MAY 30 2011

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FI	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
	25 A
Vincenza LLC	
(Must end with the words "Limited Linbit	iny Company, *L.L.C., ****LLC.*)
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is?
Principal Office Address:	Mailing Address:
407 timele Bul Pto CA	note: 1
407 Lincoln Rd Ste 9A Miami Beach, Fl 33139	Same
Marili Deach, F133138	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	etod Agent. You must designate an individual or another
The name and the Plorida street address of the re	egistered agent are:
Brito & Brito Aco	ounting Inc.
Name	
407 Lincoln Rd Si	te 9a
Florida street adds	ress (P.O. Box <u>NOT</u> acceptable)
Miami Beach	<sub>FL</sub> 33139
City, Star	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	•
(CONTINU	VED)

Page 1 of 2

ARTICLE IV- Manager(s) or Man The name and address of each Mana	naging Member(s): ger or Managing Member is as follows:	W HA
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	AND HAY 29 MAIN
MGR	Sala Viorela-Carmen	E SI
	407 Lincoln Rd Ste 9a	
	Miami Beach, Fl 33139	
MGRM	Sala Victoria- Ana	
· <del></del>	407 Lincoln Rd Ste 9a	
	Miami Beach, Fl 33139	
MGRM	Valerio Baia	
	407 Lincoln Rd Ste 9a	
	Miami Seach, FI 33139	·
(Use attachment if necessary)		
ICLE V: Effective date, if other than the		OPTIONAL)
n execute date is usted, the date must be 90 days after the date of filing.)	e specific and cannot be more than five be	isiness days pri
REQUIRED SIGNATURE:		
	_	
( Em	en anle	
Signature of a membe	r 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 populities 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 felony as provided for in s.817.155, F.S.)

Typed or printed name of signee ...

Filing Feer:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)