

Aug 15 12:02:14p

Fastkit Corp.

3055929591

Division of Corporations

Page 1 of 1

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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.

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To:

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

Effective Date **8-14-12**

From:

Account Name : FASTKIT CORP
Account Number : 120100000009
Phone : (305) 599-3839
Fax Number : (305) 592-9591

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
Miami B.U. LLC**

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

J. SAULSBERRY
EXAMINER

AUG 16 2012

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Miami B.U. 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:18100 Atlantic BlvdSte 206Sunny Isles FL 33160**Mailing Address:**c/o Marisela Iglesias1761 SW 11th StreetMiami FL 33135**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:

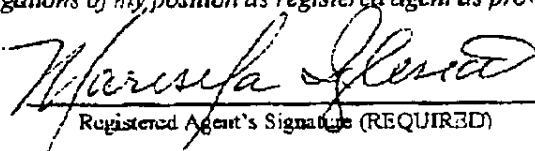
Marisela Iglesias

Name

1761 SW 11th StreetFlorida street address (P.O. Box **NOT** acceptable)MiamiFL 33135

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)

FILED
2012 AUG 15 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRM

Alicia Mabel Bianco
 18100 Atlantic Blvd Ste 206
 Sunny Isles FL 33160

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

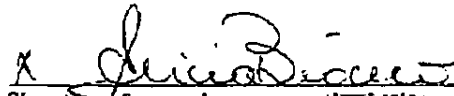
2012 AUG 15 AM 8:22

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 14, 2012 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 felony as provided for in s.817.155, F.S.)

Alicia Mabel Bianco

Typed or printed name of signer

Filing Fees:

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

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)