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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Number: I20100000009

Account Name : FASTKIT CORP

Phone Fax Number

: (305)599-0839 : (305)592-9591

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

Email Address:

FLORIDA LIMITED LIABILITY CO. HIRO FINANCIAL, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

8/27/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	ompany is:	
·		
HIRO FINANCIAL, LI	LU Jimited Liability Company, "L.L.C.," or "LLC.")	<u>. </u>
ARTICLE II - Address: The mailing address and street addres	s of the principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
8544 NW 109TH CT DORAL, FL 33178	8544 NW 109TH CT DORAL, FL 33178	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration The name and the Florida street addre		Signature:
ALEXANDER HILLER		
8544 NW	109TH CT	27 AI ARY OF ASSEE,
	da street address (P.O. Box NOT acceptable)	
DORAL	_{FL} 33178	7: 59 STATE LORIDA
liability company at the place designed registered agent and agree to act in the statutes relating to the proper and can accept the obligations of my position.	City, State, and Zip ent and to accept service of process for the a gnated in this certificate, I hereby accept the is capacity. I further agree to comply with implese performance of my duties, and I am on at registered agent as provided for in Ch	above stated limited e appointment as the provisions of all a familiar with and

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(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member **MGRM** ALEXANDER HILLER 8544 NW 109TH CT DORAL, FL 33178 MGRM FRANCISCO VISCONTI 8544 NW 109TH CT **DORAL, FL 33178** (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and cannot be more than five business days priorto or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member of 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 Intelliam aware that gry false information submitted in a document to the Department of States

Filing 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)

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.)

ALEXANDER HILLER