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.

Electronic Filing Cover Sheet

(((H120002166943)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP

Account Number : I20100000009

: (305)599-0839

Phone Fax Number : (305)592-9591

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

Email Address:

FLORIDA LIMITED LIABILITY CO. FIRST HIALEAH WAREHOUSE, LLC

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

C. LEWIS S10S 1 & DUA

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

12 AUG 30 AM 8: 19

SEURETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I	- Name: the Limited Liability C	ompany ls:		
FIRST	HIALEAH WAF			
	(Must end with the words	Limited Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II The mailing a	- Address: ddress and street addre	ss of the principal	office of the Limited	Liability Company is:
Principal Off	jce Address:	Mail	ine Address:	
10820 S.W. 20 MIAMI, FL. 33	The second se		0 S.W. 200 DRIVE M, FL. 33157	
(The Limited Linbi	I - Registered Agent, I lity Company cannot serve as the a active Florida registration	its own Registered Ages		
The name and	the Florida street addre	ess of the register	d agent are:	
	ALBERTO N.	MORIS, P.	Α.	
		Name		
1	8700 W. FLAG	LER STREET	, SUITE 120	
	Florid	da stroot address (P.C	. Box NOT acceptable)	•
	MIAMI,	_e , 33	174	

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

ALBERTO N. MORIS

(CONTINUED)

Page t of 2

FILED

12 AUG 30 AM 8: 19

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:
MGR	MARIA FUENTES
•	10920 S.W. 200 DRIVE
	MIAMI, FL. 33157
(Use attachment if necessary)	
CT F V. Effective data (Fother than t	he date of fillings (ODOTONIAE)
effective date is listed, the date must 0 days after the date of filing.)	he date of filing:, (OPTIONAL) be specific and cannot be more than five business days p
REOUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjuty 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.)

MARIA FUENTES

Typed or printed name of signce

Piting 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)