

Nov 09 12:05:00p

Fastkit Corp

305592

Division of Corporations

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**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
Account Number : I201000000C9
Phone : (305) 599-0839
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: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
Avis Ignis, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV -9 AM 11:49

FILED

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Corporate Filing Menu

G. MCLEOD

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NOV 13 2012

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I:

The name of the Limited Liability Company is:

Avis Ignis, LLC

ARTICLE II-ADDRESS:

The principal address of the principal office of the Limited Liability Company:

**1751 W. 38th Place
Hialeah, FL 33012**

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TALLAHASSEE, FLORIDA

ARTICLE III-ADDRESS:

The mailing address of the principal office of the Limited Liability Company:

**1386 SW 180th Avenue
Pembroke Pines, FL 33029**

ARTICLE IV-Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Bela Hartai

Name

1386 SW 180th Avenue

Florida Street address (P.O. Box not acceptable)

Pembroke Pines, FL 33029

City, State, and Zip

Having been named as a 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

ARTICLE V-Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective due date is requested)



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.)

Bela Hartai

Typed or printed name of signee

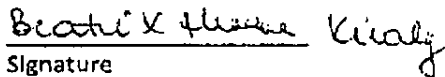
MEMBER(S)

Bela Hartai, Manager Member
1386 SW 180th Avenue
Pembroke Pines, FL 33029



Signature

Beatrix H. Kiraly, Member
1386 SW 180th Avenue
Pembroke Pines, FL 33029



Signature