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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Division of Corporations

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From:

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Phone

: (305)599-0839

Fax Number

: (305)592-9591

Émail Address:

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

## FLORIDA LIMITED LIABILITY CO. FRANELIUS GROUP, LLC.

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

JAN 2 9 2013

EXAMINER

Electronic Filing Menu

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Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limi	ted Liability	Company is

ARTICLE II - Address:

Principal Office Address:

FRANELIUS GROUP, LLC.

The mailing address and street address of the principal office of the Limited Liability Company is:

Malling Address:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

1385 MARIPOSA CIRCLE #103	1385 MARIPOSA CIRCLE # 103
NAPLES, FL 34105	NAPLES, FL 34105
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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:

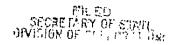
	Name
1385 MARIPOSA CIRCI	LE # 103
Florida	street address (P.O. Box NOT acceptable)
NAPLES	<sub>PL</sub> 34105
	City, State, and Zip

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)

Page 1 of 2



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

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

2013 JAN 28 AM 8: 05

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	•
MGR	FRANK P. HERNANDEZ
	1385 MARIPOSA CIRCLE # 103
•	NAPLES, FL 34105
**	
	The second secon
(Use attachment if necessary)	
(Ose addenniem ir necessary)	
ICI E V. Effective data if athershow the	a data of filling.
. ICLE V: Ellective date, if other than the	e date of filing: (OPTIONAL)
n effective date is listed, the date mus	t be specific and cannot be more than five business da
r to or 90 days after the date of filing.)	
	•
REQUIRED SIGNATURE:	
	الأسكاد

(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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

5 5.00 Certifleate of Status (Optional)