

L13000022439

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.

(((H13000034108 3)))



H130000341083ABCU

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
Phone : (305) 599-0839
Fax Number : (305) 592-9591

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 FEB 12 AM 8:19

FILED

****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.

Beyond the Numbers, LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name

The name of the Limited Liability Company is:

Beyond the Numbers, LLC

ARTICLE II Address

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

Principal Office Address:

6915 Red Road, Suite 208
Coral Gables, FL 33143

Mailing Address:

Same.

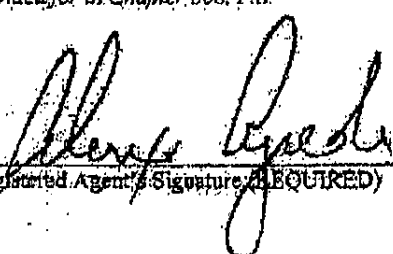
ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Alexis Manuel Agreda
6915 Red Road, Suite 208
Coral Gables, FL 33143

Having been named as registered agent 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

FILED
2013 FEB 12 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI. Manager(s) or Managing Member(s):

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

Title:

"MGRM" - Managing Member

"MGR" - Member

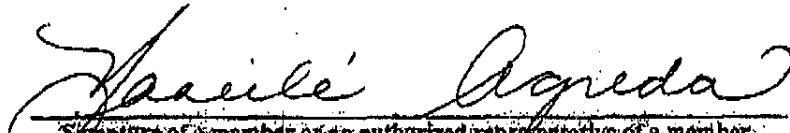
Yamile Agreda -MGRM
6915 Red Road, Suite 208
Coral Gables, FL 33143

FILED
2013 FEB 12 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI. Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 99 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 698.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Yamile Agreda
Typed or printed name of signer