

Feb 27 13 04:38p

Fastkit Corp.

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Division of Corporations

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**L13000030964**  
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 : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

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

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
BE PEACHY LLC**

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

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TALLAHASSEE, FLORIDA

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D. BRUCE

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Corporate Filing Menu

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

BE PEACHY LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

5804 SUNSET DRIVE

SUITE 4

MIAMI, FL 33143

**Mailing Address:**

5804 SUNSET DRIVE

SUITE 4

MIAMI, FL 33143

**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:

JOSEPH F. CABANAS - CABANAS & ASSOCIATES, P.A.

Name

10520 NW 28TH STREET, SUITE C-201

Florida street address (P.O. Box **NOT** acceptable)

DORAL

FL

33172

City, State, and Zip

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TALLAHASSEE FLORIDA

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 668, F.S.

  
Registered Agent's Signature (Required)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

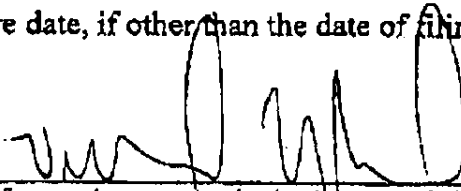
"MGRM" = Managing Member

**Name and Address:**MGRMVILLAGOMEZ MOHENO, PABLO A.5804 SUNSET DRIVE, SUITE 4MIAMI, FL 33143MGRMVILLAGOMEZ VILLAGOMEZ, GUSTAVO A.5804 SUNSET DRIVE, SUITE 4MIAMI, FL 33143      

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with Section 608.408(3), Florida Statutes, the execution that the facts stated herein are true)

Pablo A. Villagomez Moheno

Type or print name of signer

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