

Mar 19 13:03:26p

Fastkit Corp.

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p.1

Division of Corporations

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**L13000041690**

Florida Department of State  
Division of Corporations  
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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 future annual report mailings. Enter only one email address please.\*\***

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

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TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
F.J.A.M., L.L.C.**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MAR 20 2013**

**D. BRUCE**

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## **ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

### **ARTICLE I:**

The name of the Limited Liability Company is:

**F.J.A.M., L.L.C.**

### **ARTICLE II-ADDRESS:**

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

**Physical Address:**  
10786 SW 188<sup>th</sup> Street  
Cutler Bay, FL 33157

**Mailing Address:**  
1740 SW 1<sup>st</sup> Street  
Miami, FL 33135

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TALLAHASSEE, FLORIDA

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### **ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Margarita Fernandez**

\_\_\_\_\_  
Name

**1740 SW 1<sup>st</sup> Street**

\_\_\_\_\_  
Florida street address (P.O. Box not acceptable)

**Miami, FL 33135**

\_\_\_\_\_  
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

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**ARTICLE IV-Management (Check box if applicable)**

X  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 date is requested)

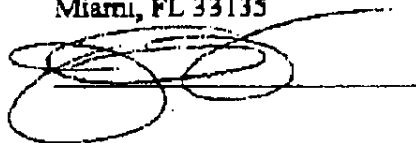
  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(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.).

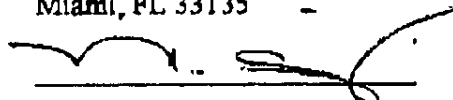
Margarita Fernandez  
\_\_\_\_\_  
Typed or printed name of signee

The name and address of each manager is as follows:

Juan Carlos Fernandez  
1740 SW 1<sup>st</sup> Street  
Miami, FL 33135



Margarita Fernandez  
1740 SW 1<sup>st</sup> Street  
Miami, FL 33135



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