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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 : 120100000009  
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Effective Date 7-5-13

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RECEIVED  
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FLORIDA LIMITED LIABILITY CO.  
FADI PROPERTIES GROUP LLC

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

SECRETARY OF STATE  
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J. SAULSBERRY  
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JUL 11 2013  
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FADI PROPERTIES GROUP 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:**

**Mailing Address:**

14105 SW 66TH STREET, UNIT C-6, MIAMI, FL 33186

**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:

RAUL M. PONS

Name

14105 SW 66 STREET, UNIT C-6

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

MIAMI, FL 33183

FL

City, State, and Zip

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\*NOTARY OF STATE  
TALLAHASSEE FLORIDA

FIL.FIL.

*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)

**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:**

MGRM

DIEGO E. LALEE VINK  
14106 SW 66 STREET  
MIAMI, FL 33183

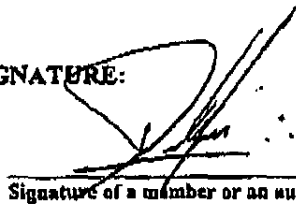
MGRM

MARYURIS F. RODRIGUEZ ROMERO  
14106 SW 66 STREET  
MIAMI, FL 33183

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: JULY 5 2013 (OPTIONAL)**  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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. 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.)

DIEGO E. LALEE VINK

Typed or printed name of signee

2013 JUL 10 AM 9:10  
DEPARTMENT OF STATE  
MANAGER, FLORIDA

FILED