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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

EFFECTIVE DATE 07-31-13

From:

Account Name : FASTKIT CORP
Account Number : 120100000009
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: _____

FLORIDA LIMITED LIABILITY CO. IBO CREOLE LLC

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

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2013 JUL 31 AM 9:51

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B. BOSTICK

AUG - 1 2013

EXAMINER

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - NAME:

The name of the Limited Liability Company is:

Ibo Creole LLC

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

ARTICLE 11 - Address:

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

Principal Office Address:

**411 SW BAOY AVE
Port St. Lucie, FL 34953**

Mailing Address:

**411 SW BAOY AVE
Port St. Lucie, FL 34953**

ARTICLE 111 - 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 FL registration.)

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

**Jean Marcelin
411 SW Baoy Ave.
Port St. Lucie, FL 34953**

Having been named as registered agent and to accept service of process for the above state limited liability company at the place designated in this certification, 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

Name and Address:

Managing Member

Jean Marcelin
411 SW Bay Ave
Port St. Lucie, FL 34953

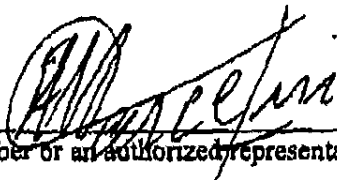
Member

Adeline Marcelin
411 SW Bay Ave
Port St. Lucie, FL 34953

ARTICLE V - Effective date, if other than the date of filing: July 31, 2013

(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.)

Jean Marcelin

typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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