

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H130001715013ABCT

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(((H130001715013)))



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To:

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

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.
MULTI WORKING BUSINESS & SERVICES USA, LLC**

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

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2013 AUG -1 AM 10:16
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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13 AUG -1 PM 3:46
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TALLAHASSEE, FLORIDA

AUG 02 2013

D. BRUCE

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

Multi Working Business & Services USA Group, LLC

ARTICLE II- Address:

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

Principal Office Address:

7932 W Sand Lake Rd, Ste. 304
Orlando, FL 32835

Mailing Address:

7932 W Sand Lake Rd, Ste. 304
Orlando, FL 32835

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's

Signature:

The name and the Florida street address the registered agent is:

BARRY N. BRUMER

Name


900 EAST MICHIGAN STREET

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

ORLANDO, FL 32806

City, State, and Zip

Having been named as registered agent 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 positions as registered agent as provided for in Chapter 608, Florida Statutes.



Registered Agent's Signature

CLERK 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:

"MGR"= Manager

"MGRM"= Managing Member

Name and Address:

MGRM

ANNA PAULA MOREIRA ALVES

7932 W Sand Lake Rd, Ste. 304
Orlando, FL 32835

MGR

Moreira Alves Advogados & Associados

Av. Conde da Boa Vista, 514-Sala 601/602
Boa Vista-Recife, Pernambuco-Brazil
50.060-004

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Barry N. Baumer, AS Attorney
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.)

BARRY N. BAUMER
Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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