

L13000113388

Division of Corporations

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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H13000176660 3)))



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EFFECTIVE DATE
8-8-2013

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

FILED
13 AUG -9 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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.
PB ASSOCIATES INTERNATIONAL LLC

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

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K. SALLY
EXAMINER
AUG 12 2013

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August 9, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: FB ASSOCIATES INTERNATIONAL LLC
REF: W13000044444

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 8, 2013. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H13000176660
Letter Number: 613A00019091

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY

EFFECTIVE DATE
8-8-2013

ARTICLE 1- Name:
The name of the Limited Liability Company
is:

PB ASSOCIATES INTERNATIONAL LLC

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

ARTICLE 11- Address:
The mailing address and street address of the principal office of the Limited Liability
Company is:

Principal Office Address:

Mailing Address:

3530 MYSTIC POINTE DR APT #802
AVENTURA FL 33180

3530 MYSTIC POINTE DR APT #802
AVENTURA FL 33180

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 Florida registration.)

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

EDUARDO JOSE PEREZ

NAME

3530 MYSTIC POINTE DR APT #802

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

AVENTURA FL 33180

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 (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE

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:

"MGR" = Manager

"MGRM" = Managing Member

MGR (Manager)

Eduardo Jose Perez

3530 Mystic Pointe Dr. APT. # 802

Aventura FL 33180

The purpose for this Limited Liability Company is organized is: DOING
BUSINESS ACCORDING THE AMWAY POLICY AND REGULATIONS UNDER THE IBO # 8768

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8-08-2013 (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.)

Eduardo Jose Perez

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)