Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000201275 3)))



H130002012753ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : 120100000009

: I20100000009 : (305)599-0839

Phone Fax Number

: (305)595-0839

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:______

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CAASO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SEP 1 1 2013

T CLINE

L13-155284

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

EURST CAAS	The name of the limited liability company is:
SECO	ND: The articles of organization or the application to transact business
(CB	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The Managing Members names were left off the original filing. The Managing
	Members are:
	Oscar Piccone 230 SE 32ND PL, OCALA, FL 34471
	CLAUDIA MORALES 230 SE 32ND PL, OCALA, FL 34471
,	OR PRICE
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated:	9-10- 2013
req	DUIRED SIGNATURE:
	Signature of a mental of a s sutle tond representative of a member.
	Cartified Conv: \$30.00 (and one)

CR2E062 (4/13)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: CAASO, LLC (Mast end with the words "Limited Liability Company, "LLC," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: 230 SE 32ND PL 230 SE 32ND PL OCALA, PL 34471 OGALA, PL 34471 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liebility Company cannot serve so its own Registered Agent. You must designate an individual or enoting! business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: **OSCAR PICCONE** Name 230 SE 32NO PL Florida street address (P.O. Box NOT acceptable) EL 34471 **OCALA**

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 the 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.

City, State, and Zip

rugistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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: "MOR" = Manager "MGRM" = Managing Member MORM - PRES 230 SE 32ND PL DCALA, FL 34471 230 PE 32ND PL MGRM - VP OCALA, PL 34471 . (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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 sention 608.408(3), Plorids Statutes, the execution of this document constitutes an affirmation under the penaltics 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 a.817.155, P.S.)

Typed or printed name of tignee

OSCAR PICCONE