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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

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
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.
ICASA VIZCAYNE, LLC**

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

RECEIVED
13 SEP 12 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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13 SEP 12 AM 8:21
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TALLAHASSEE, FLORIDA

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1. shivers SEP 13 2013

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ICASA VIZCAYNE, 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:

253 NE 2nd st.# 2201

MIAMI, FL 33132

Mailing Address:

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:

CABANAS & ASSOCIATES, P.A.

Name

10520 NW 26 ST SUITE C-201

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

DORAL

FL

33172

City, State, and Zip

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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.

[Signature]
Registered Agent's Signature (Required)

ARTICLE V: Effective date, if other than the date of filing: 9/11/12 (optional)

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

VINCENZO R. CARUANA L.

253 NE 2nd ST., #2201

MIAMI, FL 33132

MGRM

DORIS A. PESTANA J.

253 NE 2nd ST., #2201

MIAMI, FL 33132

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/11/2013

(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 that the facts stated herein are true)

VINCENZO R. CARUANA L.

Type or print name of signee