

L130000137287

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.

(((H13000216021 3)))



H130002160213ABCG

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
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.
CissaLuz, LLC

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

SEP 30 2013

A. LUNT

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:

Cissaluz, LLC

Article II-Address:

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

Principal Office Address:

Mailing Address:

667 Lake Blvd, Weston Fl, 33326.

SAME

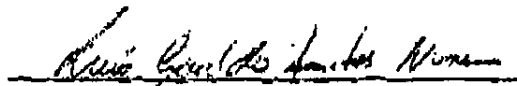
ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Luis Geraldo Santos Nunes, 667 Lake Blvd, Weston Florida, 33326

Having been named as registered agent and to accept services 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)

FILED
2013 SEP 27 PM 4:02
TALLAHASSEE
STATE OF FLORIDA

(Continue)

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

The name and address of each Manager or managing Member is as follow:

<u>TITLE:</u>	<u>Name and Address</u>
MGR= Manager	Luis Geraldo Santos Nunes 667 Lake Blvd, Weston FL, 33326.

MGRM	Elaine Cristina Caetano Pio Nunes 667 Lake Blvd, Weston FL, 33326.
------	---

2013 SEP 27 PM 02
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE V: Effective date, if other than the date of filing, September 27, 2013. (The effective date:1) cannot be prior to not more than 90 days after this document is filed by the Florida Department of State; **AND 2)** must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:

Luis Geraldo Santos Nunes

SIGNATURE OF THE 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.)

Luis Geraldo Santos Nunes Type or printer name of signer.