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.

(((H13000239276 3)))



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. OZORES MACHADO, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

13 OCT 28 AM 8: 32

SCURETARY OF STATE
ALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

OZORES MACHADO, 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:

5290 Dove Tree Street Orlando, FL 32811 5290 Dove Tree Street Orlando, FL 32811

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

7055 SOUTH KIRKMAN ROAD, SUITE 116

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

ORLANDO, FL 32819

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

### Page 1 of 2 (CONTINUED)

## 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	PRISCILA OZORES MACHADO
	5290 Dove Tree Street Orlando, FL 32811
MGR	PRISCILA OZORES MACHADO
	5290 Dove Tree Street Orlando, FL 32811

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signer