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 : 120100000009

Phone Fax Number : (305)599-0839 : (305)592-9591

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

Email Address:

FLORIDA LIMITED LIABILITY CO. JISMAR INVESTMENTS LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE - Name:

The name of the limited Liability Company is:

JISMAR INVESTMENTS 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:

Mailing Address:

63336 5W 165 PLACE

6336 SW 165 PLACE

MIAMI, FL 33193

MIAMI, FL 33193

ARTICLE III - REGISTERED Agent, Registered Office, & Registered Agent's Signature;

The Limited Liability Company cannot serves as it 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:

MARTHA GUIO

6336 SW 165 PLACE

MIAMI, FL 33193

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated lin 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 statues relating to the proper and complete performance of my duties, and i om familiar with and accept the obligation of my position as registered

ARTICLE IV -

| The name and address of | feach parson authorize: | to manage and cont | troi the Limited Liebility Company: | |
|--|-------------------------|--------------------|--|------------|
| Title: | Name and Address: | | | |
| "AMBR" = Authorized Me | <u>ember</u> | | | |
| "MGR" = Manager | | | | |
| MGR | | MAE | RTHÁ GUID | |
| Makes to the second se | | <u>633</u> | 6 SW 163 PLACE | |
| | | AIM. | MI, FL 33199 | |
| | | | | |
| | Article V: Effec | tive date, if othe | er than the date of filing:(OPTIONAL) | |
| (If an effective date is list date of filing) | • | • | more than flue business days prior to or 90 days after t | l e |
| | ARI | FICLE VI: Other pr | rovisions, if any. | |
| | REAL | ESTATE | BUSINESS. | _ |
| <u>required</u> sign | | attagiia. | | |

Tuarthurquio.