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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORP
Account Number : I20100000009
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
Marubenidevelop Enterprises, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I:

The name of the Limited Liability Company is:

Marubenidevelop Enterprises, LLC

ARTICLE II-ADDRESS:

The principal address of the principal office of the Limited Liability Company:

101 Madeira Avenue
Coral Gables, FL 33134

ARTICLE III-ADDRESS:

The mailing address of the principal office of the Limited Liability Company:

101 Madeira Avenue
Coral Gables, FL 33134

**ARTICLE IV-Registered Agent, Registered Office, & Registered Agent's
Signature:**

The name and the Florida street address of the registered agent are:

Hector L. Lans

Name

101 Madeira Avenue

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

Coral Gables, FL 33134

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as a 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 605, F.S.



Registered Agent's Signature

ARTICLE V-Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective due date is requested)



Signature of a member or an authorized representative of a member

(In accordance with section 605.0203(1)(b) Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Hector L. Lans

Typed or printed name of signee

MEMBER(S)

Hector L. Lans , Manager Member
101 Madeira Ave
Coral Gables, FL 33134



Signature