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.

(((H14000047828 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

Phone

Account Number: I20100000009 : (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.

Fmo	÷	1	Address:	,
	11	_	ACC. CSS.	

FLORIDA LIMITED LIABILITY CO. LA CASITA DE YAQUI FAMILY CHILD CARE, LLC

EFFECTIVE DATE

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

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 2 7 2014

2/26/2014

EFFECTIVE DATE

ARTLICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

LA CASITA DE VAQUI FAMILY CHILD CARE, LLC

Article II-Address:

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

Principal Office Adress:

Malling Address:

8545 SW 125ST TERRACE, MIAMI FL, 33156

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:

YAQUELIN JIMENEZ, 8545 SW 125ST TERRACE, MIAMI FL, 33156.

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 statues 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.

Yaquelin Jimenez

Registered agent's Signature (Required)

(continue)

ARTICLE IV-Manager(s) or Managing Member(s)				
The name and address of e	ach Manager or managing Member is as follow:			
TITLE	Name and Address			
MGŘM	YAQUELIN JIMENEZ			
	8545 SW 125ST TERRACE, MIAMI FL, 33157.			

'ARTICLE V: Effective date, if other than the date of filing, February 26, 2014. (The effective date; 1) cannot be prior to not more than 90 days after this document is filed by the Florida Department if 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:

Yaqualin Jimenez

SIGNATURE OF THE MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER.

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

Yaquelin Jimenez ___ Type or printer name of signee.