

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.

(((H140001434703)))



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

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. NEUTRAL AMERICAN GROUP LLC

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

<u>/;un 1,7 2</u>014

) BRUCi

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:	
Neutral American (Must end with the words "Limited L	Brood Trc
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	oe of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
GOZO NW 99th Ave	
Doyal F( 33178	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	-
Hichard Name	1ARGAS
6020 NW 9	19th Ave suite 301
Florida street address (P.O. Box I	NOT acceptable)
1820CT	FL 33178
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
/1/2	- 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Registered Agent's Signatu	
(CONTINUE	
Page 1 of 2	
	등

<u> Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager AMB R	Richard VARGAS		
MITION	6020 NW GANE	tive	ح
	8 EISE 12 1020		
(Use attachment if necessary)			
E V: Effective date, if other than the date ective date is listed, the date must be ap of filling.)	of filing: (OPTIONAl ecific and cannot be more than five business days prior	L) to or 90 da	ay
EV: Effective date, if other than the date ective date is listed, the date must be spor filling.)  EVI: Other provisions, if any.	of filing: (OPTIONA) ecific and cannot be more than five business days prior	L) to or 90 d	ay
E V: Effective date, if other than the date ective date is listed, the date must be ap of filling.)  E V1: Other provisions, if any.	of filing: (OPTIONAL) secific and cannot be more than five business days prior	L) to or 90 de	<b>Ay</b>
E V: Effective date, if other than the date ective date is listed, the date must be ap of filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section of constitutes an affirmation und I am aware that any false infol	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this doce or the penalties of perjury that the facts stated herein are tremation submitted in a document to the Department of Sta	to or 90 de	<b>ay</b>
E V: Effective date, if other than the date ective date is listed, the date must be ap of filling.)  E V1: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this docer the penalties of perjury that the facts stated herein are trimation submitted in a document to the Department of Statutes as provided for in s.817.155, F.S.)	to or 90 de	<b>ay</b>
E V: Effective date, if other than the date ective date is listed, the date must be ap of filling.)  E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this docer the penalties of perjury that the facts stated herein are transition submitted in a document to the Department of Statutes as provided for in s.817.155, F.S.)	to or 90 de	ny
E V: Effective date, if other than the date ective date is listed, the date must be ap of filling.)  E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this docer the penalties of perjury that the facts stated herein are trimation submitted in a document to the Department of Statutes as provided for in s.817.155, F.S.)	to or 90 de	<b>Ay</b>
E V: Effective date, if other than the date ective date is listed, the date must be ap of filling.)  E V1: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this docer the penalties of perjury that the facts stated herein are transition submitted in a document to the Department of Statutes as provided for in s.817.155, F.S.)  Characteristics of perjury that the facts stated herein are transition submitted in a document to the Department of Statutes as provided for in s.817.155, F.S.)	ument	
E V: Effective date, if other than the date ective date is listed, the date must be apply filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnitude of a m	ember or an anthorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this docer the penalties of perjury that the facts stated herein are trustion submitted in a document to the Department of Status as provided for in s.817.155, F.S.)  Charles UARGAS  Typed or printed name of signee	ument rue.	
E V: Effective date, if other than the date ective date is listed, the date must be ap of filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me (In accordance with action of constitutes an affirmation und I am aware that any false inforcenstitutes a third degree felor.  \$125.00 Filling Fee for Articles of Or	ember or an anthorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this docer the penalties of perjury that the facts stated herein are trustion submitted in a document to the Department of Status as provided for in s.817.155, F.S.)  Charles UARGAS  Typed or printed name of signee	to or 90 de	
E V: Effective date, if other than the date ective date is listed, the date must be apply filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnitude of a m	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this docer the penalties of perjury that the facts stated herein are transition submitted in a document to the Department of Status as provided for in s.817.155, F.S.)  Charles UAR GAS  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent	to or 90 de	
E V: Effective date, if other than the date ective date is listed, the date must be apply filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnitude of a m	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this docer the penalties of perjury that the facts stated herein are transition submitted in a document to the Department of Status as provided for in s.817.155, F.S.)  Charles UAR GAS  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent	to or 90 de	
E V: Effective date, if other than the date ective date is listed, the date must be apply filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnitude of a m	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this docer the penalties of perjury that the facts stated herein are trimation submitted in a document to the Department of Status as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent	to or 90 de	
E V: Effective date, if other than the date ective date is listed, the date must be apply filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnitude of a m	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this docer the penalties of perjury that the facts stated herein are transition submitted in a document to the Department of Status as provided for in s.817.155, F.S.)  Charles UAR GAS  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent	to or 90 de	