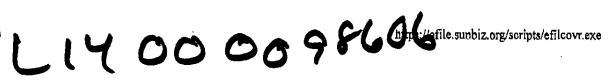
Division of Corporations



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO.

## ALLMINEE LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ALLMINEE LLC.					
(Must end	with the words "Limit	ted Liability Company, "L	.L.C.," or "LLC.	.")	
ARTICLE )) - Address: The mailing address and street :	address of the principa	d office of the Limited Lia	bility Company i	is:	
Principal Office Address:		Mailing Address:			
8001 SW 24 STREET MIAMI, FL 33155		8001 SW 24 STR MIAMI, FL 33155			
ARTICLE III - Registered Ap (The Limited Liability Compan- another business entity with an The name and the Florida street	y connot serve as its o active Florida registra	wn Registered Agent. You nilon.)		an individual (	or
BENIT	EZ & COMPANY CI No	PASILIC Ime			
	SW 24 STREET a street address (P.O. I	Box <u>NOT</u> acceptable)	<u></u>		
MIAMI		FL, 33155			
	City	Zip			
<del></del>					
Having been named as register the place designated in this capacity. I further agree to a of my duties, and I am famili	certificate, I hereby accomply with the provisionar with the provisionar with and accept the	cept the appointment as reg ons of all statutes relating to	istered agent an The proper and	id agree to act complete perfe	in this
Having been named as register the place designated in this capacity. I further agree to ca of my duties, and I am famili	evrificate, I hereby accomply with the provision in the provision of the p	cept the appointment as reg ons of all statutes relating to obligations of my position hapter 605, F.S	istered agent an The proper and	id agree to act complete perfe	in this
Having been named as register the place designated in this capacity. I further agree to ca of my duties, and I am famili	evrificate, I hereby accomply with the provision in the provision of the p	cept the appointment ox reg ons of all statutes relating to obligations of my position	istered agent an The proper and	id agree to act complete perfe	in this
Having been named as register the place designated in this capacity. I further agree to ca of my duties, and I am famili	evrificate, I hereby accomply with the provision in the provision of the p	cept the appointment as regons of all statutes relating to obligations of my position hapter 605, F.S  Grantific (REQUIRED)	istered agent an The proper and	id agree to act complete perfe	in this

Title:	Name and Address:
"AMBR" = Authorized Member "NGR" = Manager	EDUARDO BELFORT DE NORONHA GUARANI
MGR	ALAMEDA DO MORRO 85, TORRE 9
	APT. 1800, VILA DA SERRA, NOVA LIMA MINAS GERAIS, 34000-000, BRAZII.
	MINAS GENALS, 39000-000, BRAZIL
MGR	· RIVERBANK HOLDINGS COMPANY INC.
	CITCO B.V.J. LIMITED, FLEMMING HOUSE
	WICKHAMS CAY, ROAD TOWN
	TORTOLA, BRITISH VIRGIN ISLANDS
At	
	· · · · · · · · · · · · · · · · · · ·
effective date is listed, the date must be spi	of filing: (OPTIONAL) coling and cannol be more that five business days pirlor to ar 90 days after
LE V: Effective date, if other than the date effective date is listed, the date must be spi e of filing.)	of filing:
CLE V: Effective date, if other than the date effective date is listed, the date must be spi e of filing.)	of filing:
CLE V: Effective date, if other than the date effective date is listed, the date must be special with the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	ecofic and cannot be more than five trustoess days prior to ar 90 days after
CLE V: Effective date, if other than the date iffective date is listed, the date must be specially of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a many of the constitutes on affirmation under it am noware that any false information any false information any false information.	imber or an authorized rappesentative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this dominant is the penalties of pertury that the free stated herein are true, majou submitted in a document in the Department of State.
CLE V: Effective date, if other than the date of effective date is listed, the date must be specially of the date	easile and cannot be more than five business days prior to ar 90 days after substances of a member of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated berein are true.
CLE V: Effective date, if other than the date effective date is listed, the date must be spice of filing.)  CLE VI: Other provisions, if any.  PROURED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affermation under I am owner that any (also informeonsmittes a third degree felone econstitutes a third degree felone.)	imber or an authorized rappesentative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this dominant is the penalties of pertury that the free stated herein are true, majou submitted in a document in the Department of State.

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