## Division of Corporat scripts/efilcovr.exe 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.

(((H140001474173)))



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: 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 smail address please. \*\*

Email	Address:	·	
-------	----------	---	--

## FLORIDA LIMITED LIABILITY CO. GDG REAL ESTATE HOLDINGS, LLC

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

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:		
ARTICLE II - Address:	Liability Company, "L.L.C.," or "LLC.")	-
The mailing address and street address of the principal of  Principal Office Address:  BD01 SW 24 STREET  MIAMI, FL 33155	Mailing Address:  8001 SW 24 STREET MIAMI. FL 33155	<u>_</u>
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Flurida registration	Registered Agent. You must designate an indi-	vidual or
The name and the Florido street address of the registered	Agent are:	
BENITEZ & COMPANY CPAS Name	A 19	
8001 SW 24 STREET Florida street address (P.O. Box	NOT acceptable)	1.F1.00 M
MIAMI City	FL 33155 Zip	25 ATE RIDA
Having been named as registered agent and to accept set		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hareby 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

	Title:	Name and Address:
	"AMBR" = Authorized Member	
	"MOR" = Monager	GUILHERME BELFORT DE
	MGR	NORONHA GUARANI
		AY, PAULO CAMILO PENA 802 APT. 1501 BEL VEDERE 30320-380
		HELO HORIZONTE - MINAS GERAIS, BRAZIL
	MGR	SILVER HILLS CREEK LTD.
	143533	CITCO B.V.I. LIMITED, FLEMMING HOUSE
		ほかたいじょえばき たんソーアンスカーナウはい
		TORTOLA, BRITISH VIRGIN ISLANDS
	(Use attachment (Enecessary)	
	•	
ARTIC	LEV: Efficative dots, if other than the date :	of filting:(OPTIONAL)
(Il an e	Rective date is listed, the date must be spe	effic and connet be more than five business days prior to or 90 days after
	e of Aliag.)	
ARTIC	LE VI: Other provisions, if any.	
	<del></del>	

Page 2 of 2

GUILHERME BELFORT DE NORONHA GUARANI Typed or printed name of signes

Signature of a member or no nutherized representative of a member.

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

I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellowy as provided for in s.817.155, F.S.)