

L14000099388

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.

((H14000147424 3)))



H140001474243ABC.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 399-0839
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.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUN 20 AM 11:58

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RECEIVED
14 JUN 20 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
LAF3 PROPERTIES LLC**

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



June 20, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

SUBJECT: LAF3 PROPERTIES LLC
REF: W14000038492

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

List the Registered Agents name exactly as it appears on DOS records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neyssa Culligan
Regulatory Specialist II

FAX Aud. #: H14000147424
Letter Number: 814A00013401

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

N. Culligan

JUN 23 2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAF3 PROPERTIES LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8001 SW 24 STREET

MIAMI, FL 33155

8001 SW 24 STREET

MIAMI, FL 33155

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:

BENITEZ & COMPANY CPAS, LLC

Name

8001 SW 24 STREET

Florida street address (P.O. Box NOT acceptable)


MIAMI

City

FL 33155

Zip

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 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 603, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

ANA MARIA PARDO CALVO E SILVA

RUA ITAPAILUNA 1800 BLOCO AMADRYAS

APTO 203 ZIP 05705-901

SÃO PAULO-SP BRAZIL

FERNANDO DE OLIVEIRA E SILVA

RUA ITAPAILUNA 1800 BLOCO AMADRYAS

APTO 203 ZIP 05705-901

SÃO PAULO-SP BRAZIL

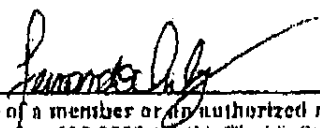
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is stated, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


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

FERNANDO DE OLIVEIRA E SILVA

Typed or printed name of signee

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TALLAHASSEE, FLORIDA