

L14000110937

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : FASTKIT CORP
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
YuKen Cleaning & Facilities Services, LLC**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

T. Burch 11/15/2014

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

YuKen Cleaning & Facilities Services, LLC

ARTICLE II- Address:

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

Principal Office Address:

531 Las Fuentes Drive
Kissimmee, FL 34746

Mailing Address:

531 Las Fuentes Drive
Kissimmee, FL 34746

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address the registered agent is:

BARRY N. BRUMER

Name

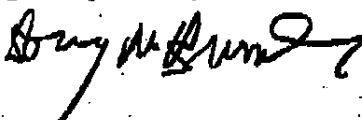
7055 SOUTH KIRKMAN ROAD, SUITE 116

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

ORLANDO, FL 32819

City, State, and Zip

Having been named as registered agent 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 positions as registered agent as provided for in Chapter 605 Florida Statutes.



Registered Agent's Signature

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14 JUL 14 PM 6:15
AT ALACHUA COUNTY FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR"= Manager

"MGRM"= Managing Member

Name and Address:

MGRM

Edmar Aranda Junior

531 Las Fuentes Drive
Kissimmee, FL 34746

MGR

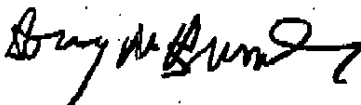
Aranda Administracao e Participacoes
LTD-ME

Rua das Valerianas, 125
Jd. das Industrias - São Jose dos Campos
Sao Paulo, Brazil 12.240-410

(Use attachment if necessary)

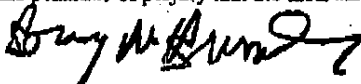
NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a 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 the facts stated herein are true.)



Typed or printed name of signer