

**L14000113942**

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.**

(((H14000171859 3)))



H140001718593ABC3

**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  
Phone : (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 email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
EMINIC ENTERPRISES, LLC**

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

RECEIVED

14 JUL 18 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUL 18 AM 8:40

FILED

*Handwritten:* 6/21 7/21/14

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I:**

The name of the Limited Liability Company is:

**EMINIC ENTERPRISES, LLC**

**ARTICLE II-ADDRESS:**

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

Physical & Mailing Address:  
100 Madeira Avenue, Suite 1  
Coral Gables, FL 33134

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

The name and the Florida street address of the registered agent are:

**Professional Financial Services, LLC**

Name

100 Madeira Avenue, Suite 1

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

Coral Gables, FL 33134

City, State, and Zip

SECRETARY OF STATE  
FLORIDA

14 JUL 18 AM 8:40

FILED

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 605 F.S.



Registered Agent's Signature

**ARTICLE IV-Management (Check box if applicable)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)



Signature of a member of 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.).

Teresita F. Miyares

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUL 18 AM 8:40

FILED