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Florida Department of State
Division of Corporations
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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.
DT15 ENTERPRISES, LLC.

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

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14 AUG 18 AM 6:40
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14 AUG 18 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DTIS ENTERPRISES, LLC.

ARTICLE II - Address:

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

Principal Office Address:

8261 NW 8 Street #328
Miami FL 33126

Mailing Address:

8261 NW 8 Street #328
Miami FL 33126

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

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

GUILLERMO GARCIA
8261 NW 8 Street #328
Miami FL 33126

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 13 AM 8:04

711-610

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

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

Title:

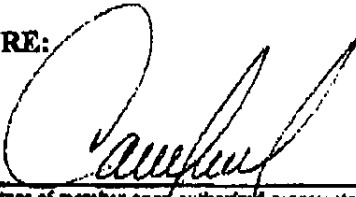
Members Manager

Name and Address

CONNIE CARRERO
8261 NW 8 Street #328
Miami Fl. 33126

CARLOS GARCIA
8261 NW 8 Street #328
Miami Fl. 33126

REQUIRED SIGNATURE:



Signature of member or 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)

Connie Carrero

Typed or printed name of signed

SECRETARY, STATE
TALLAHASSEE, FLORIDA

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