

L14000179119Florida 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.

(((H14000268422 3)))



H140002684223ABC\$

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: _____

FILED
14 NOV 18 14:11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDARECEIVED
14 NOV 18 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICESFLORIDA LIMITED LIABILITY CO.
GRUDIVER, L.L.C.

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

NOV 19 2014

S. YOUNG

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GRUDIVER, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

4995 N.W. 72 Avenue Suite #205
Miami Fl. 33166

Mailing Address:

4995 N.W. 72 Avenue Suite #205
Miami Fl. 33166

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

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

WORLD OFFICE & BUSINESS PLACE, INC.
4995 N.W. 72 Avenue Suite #205
Miami Fl. 33166

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 608, F.S..



Registered Agent's Signature

FILED
14 NOV 18 11:17
TALLAHASSEE, FLA
SECRETARY OF STATE

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

ROBERTO LATOZEFSKY
4995 N.W. 72 Avenue Suite #205
Miami Fl. 33166

EDUARDO FRANQUESA
4995 N.W. 72 Avenue Suite #205
Miami Fl. 33166

REQUIRED SIGNATURE:



Signature of member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Roberto Latozefsky P.
Typed or printed name of signed

FILED
14 NOV 18 PM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA