

L14000184408

**Florida Department of State
Division of Corporations
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To:

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

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Account Name : FASTKIT CORP
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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
Gonzalez & Guinot Investments, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

1 Batch DEC 3 2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

ARTICLE I:

The name of the Limited Liability Company is:

Gonzalez & Guinot Investments, LLC

ARTICLE II-ADDRESS:

The principal address of the principal office of the Limited Liability Company:

90 Edgewater Drive, Apt 1105
Coral Gables, FL 33133

ARTICLE III-ADDRESS:

The mailing address of the principal office of the Limited Liability Company:

1172 South Dixie Highway, Ste 161
Coral Gables, FL 33146

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

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

Magda L. Guinot

Name

1172 South Dixie Highway, Ste 161

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

Coral Gables, FL 33146

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Having been named as a 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.

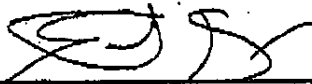


Registered Agent's Signature

ARTICLE V-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 due date is requested)



Signature of a member or an authorized representative of a member

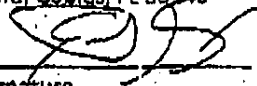
(In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Dr. Samuel A. Gonzalez

Typed or printed name of signee

MEMBER(S)

Dr. Samuel A. Gonzalez
1172 South Dixie Highway, Ste 161
Coral Gables, FL 33146



Signature.

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TALLAHASSEE, FLORIDA