

L15000089979

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.

((H15000123752 3)))



H150001237523ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

15 MAY 21 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
2015 MAY 21 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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.
PJR INTERNATIONAL TRAVEL GROUP LLC**

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

ARTICLES OF ORGANIZATION OF
PJR INTERNATIONAL TRAVEL GROUP LLC

The undersigned certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, Florida Statute 605 - Florida Limited Liability Company Act, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

ARTICLE I NAME

The name of this Limited Liability Company shall be PJR INTERNATIONAL TRAVEL GROUP LLC the 'Company').

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAIL ADDRESS

The principal place of business and mailing address of this company shall be:

73 Merrick Way
Coral Gables, FL 33134

ARTICLE III MANAGEMENT

Management of this limited liability is reserved to its members, whose names and addresses are as follows:

| NAMES | ADDRESS |
|------------------------------------------|----------------------------------------|
| Pablo A. Quinones Authorized Member | 15432 SW 97 Terrace Miami, FL 33196 |
| Yolanda C. Stanbury Authorized Member | 15432 SW 97 Terrace Miami, FL 33196 |

FILED
2015 MAY 21 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be as determined in accordance with the Regulations of the Limited Liability Company.

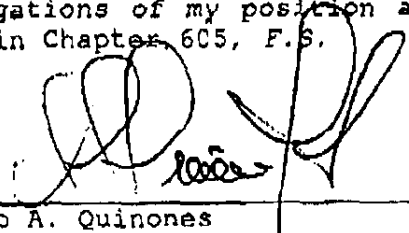
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida Street address of the initial registered agent is:

Pablo A. Quinones
73 Merrick Way
Coral Gables, FL 33134

ACKNOWLEDGMENT:

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.


Pablo A. Quinones

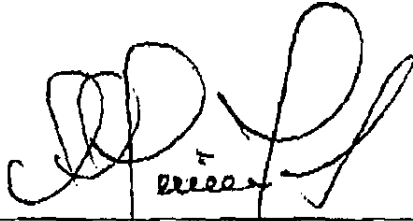
ARTICLE VI MEMBERS' RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be as determined in accordance with the Regulations of the Limited Liability Company.

ARTICLE VII DURATION

This Limited Liability Company shall exist perpetually until dissolved in a manner provided by law, or as provided in the regulations adopted by the members.

Dated this 21st day of May 2015.

A handwritten signature in black ink, appearing to read 'Pablo A. Quinones', written over a horizontal line.

Pablo A. Quinones
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 are true) I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

FILED
2015 MAY 21 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA