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.

(((H150001346853)))



H150001346853ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser to	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

: (305)599-0839

Fax Number : (305)592-9391

\*\*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. LOSCAR DISTRIBUTOR LLC.

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Diff	nited Liability Company	, 13-	
L	OSCAR DISTRIBUTOR	LLCiability Company, "L.L.C.," or "LLC.")	- na
(Musi	stra with the words "Cimited r	tubility Company, "E.E.C., or "EEC.")	
ARTICLE II - Add The mailing address		e principal office of the Limited Lia	bility Company is:
Principal Office Ad	dress:	Mailing Address:	
330 W. 50 ST. H	IALEAH, FL. 33012	330 W. 50 ST. HTALEAH	
			or or
The name and the Fi	orida street address of the	he registered agent are:	
-	Na	une	
	330 W. 50 ST.		
••	Florida sweet	address (P.O. Box NOT accoptable)	
_	HIALBAH	FL 33012	
_	Ciry	, State, and Zip	
		to accept service of process for the a	

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member "MGR" CARLOS M. RODRIGUEZ 330 W. 50 ST. HIALEAH, FL. 33012 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ . (OPTIÖNAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: 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 attirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signed

CARLOS M. RODRIGUEZ