

**L15000129594**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

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.  
EXCORP, LLC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL 30 AM 9:07

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15 JUL 30 PM 2:22

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXCORP, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:  
8140 NW 29<sup>TH</sup> STREET  
DORAL, FLORIDA 33122

Mailing Address:  
8140 NW 29<sup>TH</sup> STREET  
DORAL, FLORIDA 33122

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name: ADRIAN J ROMERO

Florida street address (P.O. Box NOT acceptable)

8140 NW 29<sup>TH</sup> STREET DORAL, FL 33122

*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 (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

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

Title: \_\_\_\_\_ Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

ADRIAN J ROMERO  
8140 NW 29<sup>TH</sup> STREET  
DORAL, FL 33122

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:**

**(OPTIONAL)**

**(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 affirmation under the penalties of perjury that the facts stated herein 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.)

ADRIAN J ROMERO

\_\_\_\_\_  
Typed or printed name of signer

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