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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.
ALFONCAS INVESTMENTS LLC.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG -3 AM 7:54

FILED

15 JUL 30 PM 4:14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALFONCAS INVESTMENTS 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:

5510 SW. 128 AVE.

MIAMI, FL. 33175

Mailing Address:

5510 SW. 128 AVE.

MIAMI, FL. 33175

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:

JUAN SAN MARTIN

Name

5510 SW. 128 AVE.

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

MIAMI FL 33175

City, State, and Zip

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.

Juan San Martin
(Registered Agent's Signature (REQUIRED))

15 MAY 2011 7:54
STATE
SECRETARY
FLORIDA

(CONTINUED)

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

" MGR "

JUAN SAN MARTIN

5510 SW. 128 AVE.

MIAMI, FL. 33175

" MGRM "

ALEJANDRO DE J. FONTALVO CASTRO

941 SW. 154 CT.

MIAMI, FL. 33194

" MGRM "

IVONNE CASTRO ENCINO

941 SW. 154 CT.

MIAMI, FL. 33194

(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:

x Juan San Martin

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.)

JUAN SAN MARTIN

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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