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Florida Department of State
Division of Corporations
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To: Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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**FLORIDA LIMITED LIABILITY CO.
SAN ANDRES INVESTMENTS, LLC**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 AUG 25 PM 2:04
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAN ANDRES 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:

Mailing Address:

10549 NW 51st STREET
DORAL, FL 33178

10549 NW 51st STREET
DORAL, FL 33178

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:

CABANAS & ASSOCIATES, P.A.

Name

10520 NW 26TH STREET - STE. C 201

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

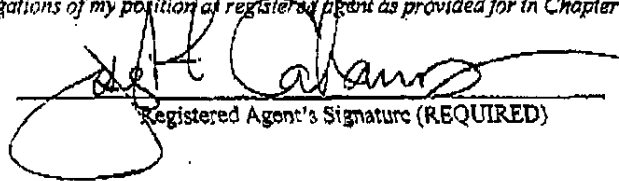
DORAL FL 33172

City

State

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV:

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager:
AMBR

Name and Address:

JESUS MACHADO
3232 CORAL WAY - APT. 1001
MIAMI, FL. 33145

AMBR

JOSE MACHADO
3232 CORAL WAY - APT. 1001
MIAMI, FL. 33145

AMBR

JUAN MACHADO
10549 NW 31 ST.
DORAL, FL. 33178

(Or attach them if necessary)

ARTICLE V: Effective date, if other than the date of filing (OPTIONAL)
(If an effective date is stated, the date must be specified and cannot be more than five business days prior to the date of filing.)
Note: If the date entered in this block does not meet the applicable mandatory filing requirements, this date will not be used as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is required to continue with section 605.02(1)(b) of the statutes.
I am aware that any false information furnished in a document to the Department of State constitutes a third degree felony as provided for in s. 817.03, F.S.

JUAN MACHADO

Typed or printed name of signer.

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CLERK OF STATE
TALLAHASSEE, FLORIDA