

LIS000143181

**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.

(((H15000205478 3)))



H150002054783ABC%

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

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

RECEIVED

15 AUG 25 PM 4:28

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.
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

FILED

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.

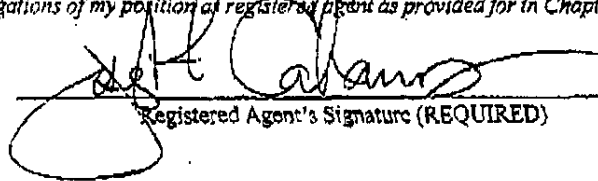
Name

10520 NW 26TH STREET - STE. C 201

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

<u>DORAL</u>	<u>FL</u>	<u>33172</u>
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 603, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 25 PM 2:04

FILED

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
10545 NW 31 ST.
DORAL, FL. 33178

(Use as many times as 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 thirty business days prior to or 30 days after the date of filing.)

Note: If the date inserted 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 deemed to conform with section 605.02(1)(b), Florida Statutes,
I declare that any false information submitted is a violation 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)

FILED
MAR 25 PM 2:04
CLERK OF STATE
TALLAHASSEE, FLORIDA