

L5000193611

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.
Know Consulting, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

15 NOV 17 PM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV 16 PM 1:06

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I:

The name of the Limited Liability Company is:

Know Consulting, LLC

ARTICLE II-ADDRESS:

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

**200 South Biscayne Blvd., Ste 2790
Miami, FL 33131**

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

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

Hector Eduardo Aguirre

Name

200 South Biscayne Blvd., Ste 2790

Florida Street address (P.O. Box not acceptable)

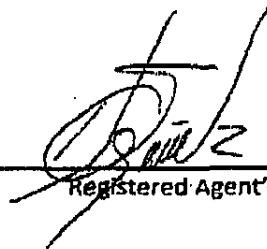
Miami, FL 33131

City, State, and Zip

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Having been named as a 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.

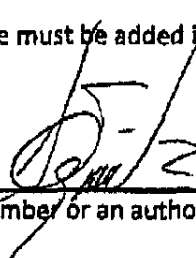


Registered Agent's Signature

ARTICLE IV-Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective due date is requested)



Signature of a member or an authorized representative of a member

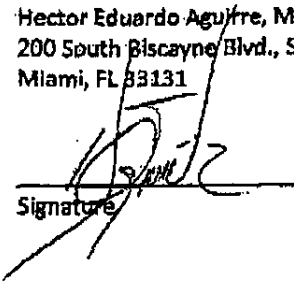
(In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Hector Eduardo Aguirre

Typed or printed name of signee

MEMBER(S)

Hector Eduardo Aguirre, Member
200 South Biscayne Blvd., Ste 2790
Miami, FL 33131


Signature