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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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.****

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16 MAR 21 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
Superior Building Products, LLC**

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

72H

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

ARTICLE I:

The name of the Limited Liability Company is:

Superior Building Products, LLC

ARTICLE II-ADDRESS:

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

**5493 NW 72nd Avenue
Miami, FL 33166**

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

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

Nasir Acikgoz

Name

5493 NW 72nd Avenue

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

Miami, FL 33166

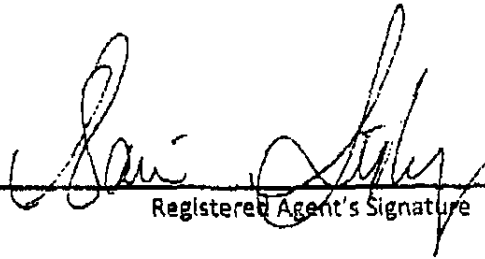
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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.

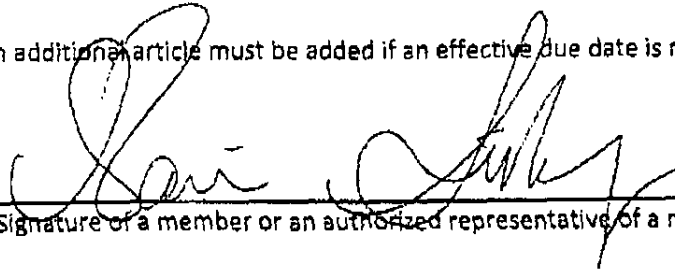


Registered Agent's Signature

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.)

Nasir-Acikgoz

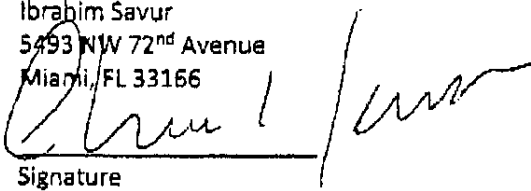
Typed or printed name of signee

MEMBER(S)

Nasir Acikgoz
5493 NW 72nd Avenue
Miami, FL 33166


Signature

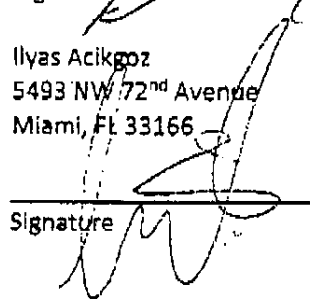
Ibrahim Savur
5493 NW 72nd Avenue
Miami, FL 33166


Signature

Basar Savur
5493 NW 72nd Avenue
Miami, FL 33166


Signature

Ilyas Acikgoz
5493 NW 72nd Avenue
Miami, FL 33166


Signature

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