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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
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16 MAY 19 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
CMS EXPERTS INVESTMENTS L.L.C.**

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

ARTICLES OF ORGANIZATION 16 MAY 19 PM 12: 20

FOR

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is: CMS EXPERTS INVESTMENTS L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

8169 NW 74th AVE
MEDLEY, FL 33166

Mailing Address:

8169 NW 74th AVE
MEDLEY, FL 33166

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

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

JOSE F. CONTRERAS
1722 W 84 STREET
HIALEAH, FL 33014

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

ARTICLE IV

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

Title:

AMBR - Authorized Member

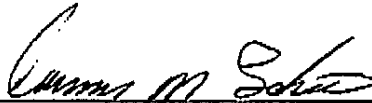
Name and Address:

CARMEN SOLANO
1722 W 84 ST
HIALEAH, FL 33014

ARTICLE V

Effective date, if other than the date of filing: May 19, 2016.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

16 MAY 19 PM 12:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155.F.S

CARMEN SOLANO

Typed or printed name of signee