

**L160000130131**

**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.**

(((H16000169940 3)))



H160001699403ABC3

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUL 14 AM 11:52

FILED

**\*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.  
GORILAND LEARNING EXPERIENCE LLC**

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

144

FILED  
16 JUL 14 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION OF**  
**GORILAND LEARNING EXPERIENCE LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is GORILAND LEARNING EXPERIENCE LLC

**ARTICLE II - DURATION**

The period of duration of the Company shall be perpetual.

**ARTICLE III - ADDRESS**

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

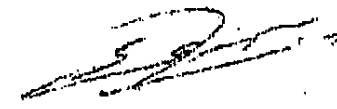
13235 SW 143rd TERRACE  
MIAMI, FL 33186

**ARTICLE IV - REGISTERED AGENT & OFFICE**

The name and address of the registered agent for this Limited Liability Company, within the State of Florida is:

EDMAR JIMENEZ  
13235 SW 143rd TERRACE  
MIAMI, FL 33186

*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 obligation of my position as registered agent as provided for in Chapter 605 F.S.*

  
\_\_\_\_\_  
EDMAR JIMENEZ

FILED  
16 JUL 14 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE V - MEMBER(S)**

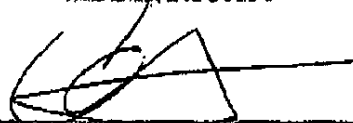
The Limited Liability Company shall have 4 members with whose name, address and share is:

<u>NAME</u>	<u>ADDRESS</u>	<u>SHARE</u>
MARISELA TROCONIS	13235 SW 143rd TERRACE MIAMI, FL 33186	30%
MARI CLAUDIA SANCHEZ	13235 SW 143rd TERRACE MIAMI, FL 33186	30%
SONNY MEDINA	13235 SW 143rd TERRACE MIAMI, FL 33186	20%
EDMAR JIMENEZ	13235 SW 143rd TERRACE MIAMI, FL 33186	20%

**ARTICLE VI - MANAGEMENT**

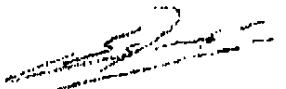
The management of the Company is reserved to the members of the company. The name and address of the managing members are as follows:

EDMAR JIMENEZ  
13235 SW 143rd TERRACE  
MIAMI, FL 33186



~~Signature of Edmar Jimenez, Managing 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.)



~~Signature of Edmar Jimenez, Managing Member~~