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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 : 120100000009
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.

Leora LLC

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

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9/21/16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Leora LLC

ARTICLE II - Address:

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

4425 SE Waterford Drive
Stuart, Florida 34997

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

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

Leo Galanti
Name

4425 SE Waterford Drive
Florida street address (P.O. Box not acceptable)

Stuart, Florida 34997
City, State and 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 605 F.S.

Leo Galanti
Registered Agent's Signature

Ferraro & Ferraro, CPAs, PA
3601 SE Ocean Boulevard, Ste. 005
Stuart, Florida 34996
772-283-5001

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ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title

"MGR" - Manager

"MGRM" - Managing Member

Name and Address:

MGRM

Aurora C. Galanti
4425 SE Waterford Drive
Stuart, Florida 34997

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member

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

AURORA C. GALANTI
Typed or printed name of signer

Ferraro & Ferraro, CPAs, PA
3601 SE Ocean Boulevard, Suite 005
Stuart, Florida 34996
772-283-5001

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