

L16000177550

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.

(((H16000236436 3)))



H160002364363ABC+

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

EFFECTIVE DATE
9/21/2016

RECEIVED
16 SEP 22 PM 4:53
CORPORATION
INFORMATION
SERVICES

****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.
ST. MAARTEN 8620 NW 97 AVENUE UNIT 216 LLC**

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

FILED
16 SEP 22 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

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

ARTICLE I: Name

The name of the Limited Liability Company is:

ST. MAARTEN 8620 NW 97 AVENUE UNIT 216 LLC

ARTICLE II: Address:

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

10235 NW 87TH TERRACE
DORAL, FL 33178

ARTICLE III: Registered Agent, Office, and Agent's Signature:

JOSE A TORRES

10305 NW 41ST STREET, SUITE 116
DORAL, FL 33178

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 position as registered agent as provided for in provided for in Chapter 605 F.S.



Registered Agent's Signature

**PREPARED BY:
JN ACCOUNTING AND TAX SERVICE, INC.
10305 N.W. 41ST STREET, SUITE 116
DORAL, FL 33178**

FILED
SEP 22 AM 10:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV: Management

The name and address of the persons authorized to manage and control the Limited Liability Company, ST. MAARTEN 8620 NW 97 AVENUE UNIT 216 LLC are:

Title: AMBR

Kapri Investment Services LLC - 10235 NW 87th Terrace, Doral FL 33178

Title: MGR

Gerardo R Casas - 10235 NW 87th Terrace, Doral FL 33178

Title: MGR

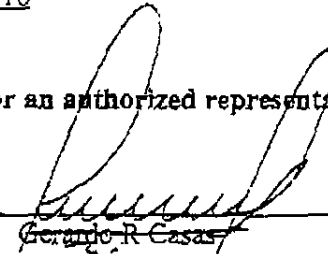
Luis G Casas - 10235 NW 87th Terrace, Doral FL 33178

ARTICLE V: Amendment of Article of Organization

The company reserves the right to amend, alter, change, or repeal any provisions contained in these articles of organizations in the manner now or hereafter prescribed by statute and all rights conferred upon Members herein are granted subject to this reservation.

Effective Date: September 21, 2016

Signature of member or an authorized representative of a member:


Gerardo R Casas

I am the member or authorized representative of a member submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of LLC and every year thereafter to maintain "active" status.

SEP 22 AM 10:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED