

# 21700002794

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.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
NEW ERA BROKERS ASSOCIATES LLC

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

M. MOON

JAN 05 2017

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEW ERA BROKERS ASSOCIATES LLC  
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

13458 NW 10TH STREET  
MIAMI, FL 33182

Mailing Address:

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JUAN CARLOS ERAZO CUEVAS  
Name

13458 NW 10TH STREET  
Florida street address (P.O. Box NOT acceptable)  
MIAMI, FL 33182  
City State 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

17 JAN -5 PM 12:10

SECRET  
FOR STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV.**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

AMBR

**Name and Address:**

JUAN CARLOS ERAZO CUEVAS  
13458 NW 10th Street  
Miami, FL 33182

JUAN CARLOS ERAZO SALAZAR  
13458 NW 10th Street  
Miami FL 33182

JOSE CESAR ERAZO SALAZAR  
13458 NW 10th Street  
Miami FL 33182

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:**

4 JAN 2017 (OPTIONAL)

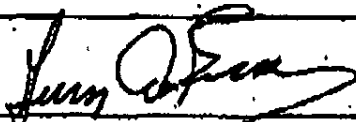
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date entered in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI: Other provisions, if any.**

ANY ACTIVITIES PERMITTED BY THE STATE OF  
FLORIDA

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

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, P.S.

JUAN CARLOS ERAZO CUEVAS

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 3.00 Certificate of Status (Optional)

17 JAN -5 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA