

L170000923936
 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.

((H17000092390 3)))



H170000923903ABC+

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

2017 APR -4 PM 10:51

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: _____

RECEIVED

17 APR -4 PM 3:30

BUREAU OF COMMERCIAL
 INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
 ALDO'S DELI, LLC.**

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

APR 5 2017
 C Kinsey

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of this Limited Liability Company is ALDO'S DELI, LLC.

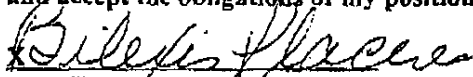
ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the limited liability company is 10898 NE 6 Avenue, Miami, Florida 33161.

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent is: BILEXIS PLACERES, 10898 NE 6 Avenue, Miami, Florida 33161.

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.FS.



BILEXIS PLACERES, Registered Agent

ARTICLE IV - UNITS


This limited liability company is authorized to issue 1,000 units.

2017 APR -4 PM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

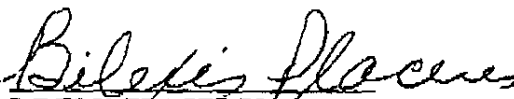
FILED

ARTICLE V- MANAGEMENT AND MEMBERS

The limited liability company is manager-managed for purposes of s. 605.0407 and other relevant provisions of said chapter. The name and address of each person authorized to manage and control the Limited Liability Company:


BILEXIS PLACERES
10898 NE 6 Avenue, Miami, Florida 33161
(Manager, "MGR")

REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.


BILEXIS PLACERES
10898 NE 6 Avenue, Miami, Florida 33161
(Member, "MBR")
1010 SW 2 Avenue, Unit 908, Miami, Florida 33130.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)