

L17000105541

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.

(((H17000131175 3)))



H170001311753ABC-

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

RECEIVED
FLORIDA DEPARTMENT OF STATE
MAY 12 2017

17 MAY 12 AM 9:49

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.

MAIRENA NURSERY LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
FLORIDA DEPARTMENT OF STATE
MAY 12 2017

T. BURCH

MAY 15 2017

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

MAIRENA NURSERY LLC

ARTICLE II - Address:

Principal Office Address:

20101 SW 360TH STREET
FLORIDA CITY, FL 33034

Mailing Address:

20101 SW 360TH STREET
FLORIDA CITY, FL 33034

FILED
17 MAY 12 AM 9:49
SECRETARY OF STATE
ALLAH, SHEL H. OMAR

ARTICLE III -

Registered Agent, Registered Office & Registered Agents Signature:

MANUEL MAIRENA
20101 SW 360 STREET
FLORIDA CITY, FL 33034

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..


Manuel Mairena/Registered Agent

ARTICLE IV –

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

Title:

Name & Address:

MGR

MANUEL MAIRENA
20101 SW 360TH STREET
FLORIDA CITY, FL 33034

ARTICLE V -

Effective date, if other than the date of filing: May 11th, 2017

ARTICLE VI – Fiscal Year

The LLC's fiscal and tax year shall end December 31, 2017

ARTICLE VII – Duration

The LLC will commence business as of the date of filing
and will continue in perpetuity.

ARTICLE VIII – Initial Members

The Initial Members of The LLC, their initial capital contributions,
and their percentage interest in the LLC are as follows;

<u>MGR</u>	<u>Percentage Interest in LLC</u>
MANUEL MAIRENA	100%

Required Signatures:



 MANUEL MAIRENA, MGR

FILED
 17 MAY 12 AM 9:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Signature of members or authorized representatives of members
 (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.)