

**U7000146861**

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.

((H17000146861 3)))



H170001468613ABC1

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 JUN -1 AM 10:04

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.**  
**11650 JKL, LLC**

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

JUN 1 2017  
C Kinsey

17 MAY 31 PM 4:35

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING SERVICES

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 11650 JKL, LLC.


**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the limited liability company is 11650 NW South River Drive, Medley, Florida 33178.

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

The name and the Florida street address of the registered agent is: MARLENE LEON-RUBIDO, ESQUIRE, 6780 Coral Way, Miami, Florida 33155.

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.

  
MARLENE LEON-RUBIDO, ESQUIRE, Registered Agent

**ARTICLE IV - UNITS**

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

FILED  
2017 JUN - 1 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

  
\_\_\_\_\_  
**JUREK KOCIK**  
(Manager, "MGR")  
11650 NW South River Drive, Medley, Florida 33178.

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

  
\_\_\_\_\_  
**JUREK KOCIK**  
(Member, "MBR")  
11650 NW South River Drive, Medley, Florida 33178.

  
\_\_\_\_\_  
**JUREK FRANCISCO KOCIK**  
(Member, "MBR")  
11650 NW South River Drive, Medley, Florida 33178.

  
\_\_\_\_\_  
**LESZEK JULIAN KOCIK**  
(Member, "MBR")  
11650 NW South River Drive, Medley, Florida 33178.

  
\_\_\_\_\_  
**KATHERINE MARY KOCIK**  
(Member, "MBR")  
11650 NW South River Drive, Medley, Florida 33178.

(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.)