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orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : FASTKIT CORP Account Number : I20100000009 : (305)599-0839 Phone 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. **

Emnil Address:

FLORIDA LIMITED LIABILITY CO. BAJA MANAGEMENT & CONSULTING, LLC

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| Certified Copy | 1 |
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| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE J - Name: The name of the Limited Liability | y Company is: | | | |
|--|--|---|---|---|
| | BAJA MANAGEME | NT.8.GONSULTIN | 3, LLC | |
| (Must conti | in the words "Limited Li | | | .C.") |
| ARTICLE II - Address: The mailing address and street at | ldress of the principal offi | cc of the Limited Li | ability Compa | ny is: |
| Principa | al Office Address: | | Maili | ne Address: |
| 7713 CORA | L BOULEVARD | | 77.13 CORAL | BOULEVARD |
| MIRAMAR, FL | ORIDA 33023-5862 | Mi | ramar, fi | ORIDA 33023-5862 |
| |) | N RUDOLPH AWA | | |
| | Florida street address (| ORAL BOULEVAR | | <u> </u> |
| | TIOURS SUGE: SOURCES (| P.O. Box NOT Boc | hratici | |
| | MIRAMAR | FLORIDA | 33023 | 5862 |
| | City | State | Zip | |
| Flaving been named as registered a place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob | I hereby accept the appoint ovisions of all statutes relations of my position of Registers | niment as registered on the proper an registered agent as proper and agent as proper and agent as signature and agent's Signature | agent and agr d complete pe provided for in | e to act in this capacity. I formance of my duties, and I Chapter 605, F.S. |
| | | (CONTINUED) | | , |

SECRETARIOS SAN 6: 11

| Title: | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR | KEVIN RUDOLPH AWAI |
| | 7713 CORAL BOULEVARD |
| | MLRAMAR, FLORIDA 33023-5862 |
| AMBR | KRISTY CHUNG |
| 1 2 2 2 2 2 | 21050 NORTHWEST 14TH PLACE |
| | MIAMI, FLORIDA 33169 |
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| EV: Effective date, if other than the ective date is listed, the date must leftling.) the date inserted in this block does ment's effective date on the Depart | not meet the applicable statutory filing requirements, this date will n |
| of filing.) | not meet the applicable statutory filing requirements, this date will n |
| EV: Effective date, if other than the ective date is listed, the date must leftling.) the date inserted in this block does ment's effective date on the Depart | not meet the applicable statutory filing requirements, this date will n |
| EV: Effective date, if other than the ective date is listed, the date must be filling.) the date inserted in this block does ment's effective date on the Department's effective date on the Department's effective date. EVI: Other provisions, if any. | not meet the applicable statutory filing requirements, this date will need of State's records. |
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| EV: Effective date, if other than the ective date is listed, the date must leffling.) the date inserted in this block does nent's effective date on the Department's effective date on the Department of Signature of This document is effective date and aware that any | not meet the applicable statutory filing requirements, this date will need of State's records. a member or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of Stategree felony as provided for in s.817.135, F.S. |
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