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.

(((H17000186677 3)))



H170001886773ABCA

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 Fax Number : (305)599-0839 : (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.

Oxobox, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

JUL 18 2017

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
· Oxo	box LLC
(Must end with the words "Limited Liability Company,"	CLC.," or "LLC:")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12002 SW 128 th Ct. Ste 208	12002 SW 128th Ct. Ste 208
Miami, FL 33186	Miami, FL 33186
ARTICLE III - Registered Agent, Register (The Limited Liability Company camou serve as its own Regions control with an active Florida registration.)	red Office, & Registered Agent's Signature:
The name and the Florida street address of th	e registered agent are:
Orlando de Armas	
Name	
12002 SW 128° Ct. Std 208	
Florida Street address (P.O. Box NOT acceptable)
	FL 33186
City, Su	ite, and Zip
SEE A WIN RESERVED OF IN INIT CODECITY. I PURITURE APPL	ificate, I hereby accept the appointment as registered et to comply with the provisions of all statutes relating to and I am familiar with and accept the city of the complete control of the complete control of the complete control of the city of the control of the city of the control of the city of the ci

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

7

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	·
"MGRM" = Managing Member	
MGR	Ramiro Fernandez
	12002 SW 128 th Ct. Ste 208
	Miami, FL 33186
MGR	Fernando Picate
	12002 SW 128° Ct. Ste 208
	Miami, FL 33186
	
(Use attachment if necessar	y)
ARTICLE V: Effective date, if	other than the date of filing:
	(OPTIONAL)
by the Florida Department of Sta attached Certificate of Conversion,	rior to nor more than 90 days after the date this document is filed ite: AND 2) must be the same as the effective date listed in the if an effective date listed therein.)
REOUIRED SIGNATURE:	_ ·
	- tan
	100 mm
Signature of a mea	Angel and rebiserraritie of a mamon.
(in accordance with section 605, 0203 p	Porida Statutes, the execution of this document constitutes on affirmation
document to the Department of State cons	torion scattles, the execution of this document constitutes an affirmation a stated herein are true. I am aware that any false information submitted in a stitutes a third degree follows as provided for in s.817.155, P.S.)
	Ramiro Fernandez
	Typed or printed name of signee

Page 2 of 2

13

•