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Florida Department of State
Division of Corporations
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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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 SEP 18 AM 9:35

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**FLORIDA LIMITED LIABILITY CO.
MAC TECHNOLOGY SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	1
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SEP 19 2017
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

MAC TECHNOLOGY SOLUTIONS, LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2462 Carolton Road
Maitland, FL 32751

Mailing Address:

2462 Carolton Road
Maitland, FL 32751

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address the registered agent are:

CLAUDIA PASKAUSKAS

Name

2462 Carolton Road

Florida Street address (P.O. Box NOT acceptable)

Maitland, FL 32751

City, State, and Zip

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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, Florida Statutes.



Registered Agent's Signature

ARTICLE IV

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

Title:

"AMBR"= Authorized Member

"MGR"= Manager

Name and Address:

MGR

CARLOS F. NUNEZ TROCHEZ

Avenida 9a. #51 N-32
Cali
Valle del Cauca
Colombia

AMBR

CLAUDIA PASKAUSKAS

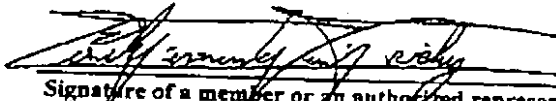
2462 Carolton Road
Maitland, FL 32751

(Use attachment if necessary)

ARTICLE V-Effective date, if other than the date of filing: 9-11-2017
(OPTIONAL)

ARTICLE VI-Other provisions, if any: _____

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes.
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.

Carlos Fernando Nunez Trochez
Typed or printed name of signee