Division of Corporation

Florida Department of

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.

(((H180001499123)))



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

Frcm:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one small address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

27 Avc & 11 St Properties, LLC

ECEIVED	18 MAY 14 PM 3:57	A CONSTRAINT ON THE SECULATION SERVICES
0	018 M	NY SUPER-

急

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

Electronic Filing Menu

Corporate Filing Menu

Help

Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited U	iability Company is:			
27 Ave & 1 S	Properties, LLC			
		ted Liability Co	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and so	reet address of the principa	office of the Li	mited Liability Company is:	
Pr	incipal Office Address:		Mailing Addres	re :
2766 NW 62 St			2766 NW 62 St.	
Miami, FL 331	47		Miami, FL 33147	
The name and the Florida s	Rene Gonzalez	ed agent are: Name		
	2766 NW 62 St.			
	Florida street addre	вя (Р.О. Вох <u>N</u>	OT acceptable)	
	Miami	FL	33147	
	City	State	Žip	
place designated in this certifi further agree to comply with i	oate, I hereby accept the ap he provisions of all statutes he obligations of my position	pointment as reg relating to the p	or the above stated limited liability istered agent and agree to act in copper and complete performance of gent as provided for in Chapter (All in the complete (All in the compl	this capacity. I of my duties, and I

(CONTINUED)

Page 1 of 2

CREIGRY OF STAF

8 MAY IL AM Q

Title:	Name and Address:
"AMBR" - Authorized Member	
"MGR" ≈ Manager MGR	BC Dusiness I.
MOR	RG Business, Inc. 2766 NW 62 St.
	Miami, FL 33147
	Milani, P.C 33147
MOR	Rene Gonzalez
1	2766 NW 62 St.
	Miami, FL 33147
MGR	Raymond Gonzalez
	2766 NW 62 St.
	Miami, FL 33147
ŀ	
fective date is listed, the date must be so of filing.)	specific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the da ffective date is listed, the date must be s of filing.) If the date inserted in this block does not unent's effective date on the Departmen	specific and cannot be more than five business days prior to or 9 i meet the applicable statutory filing requirements, this date will no
LEV: Effective date, if other than the da ffective date is listed, the date must be s of filing.) If the date inserted in this block does not ument's effective date on the Departmen	specific and cannot be more than five business days prior to or 9 i meet the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the da ffective date is listed, the date must be s e of filing.) If the date inserted in this block does not sument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not of State's records.
LE V: Effective date, if other than the da ffective date is listed, the date must be s of filing.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m This document is exect I am aware that any fall.	specific and cannot be more than five business days prior to or 9 i meet the applicable statutory filing requirements, this date will no
CLE V: Effective date, if other than the da ffective date is listed, the date must be se of filing.) If the date inserted in this block does not connent's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m This document is exect I am aware that any fall.	meet the applicable statutory filing requirements, this date will not of State's records. The combet of an authorized supresentative of a member, uted in accordance with section 805.0203 (1) (b). Florida Statutes, so information submitted in a document to the Department of State on fellony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the da ffective date is listed, the date must be s e of filing.) If the date inserted in this block does not current's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m This document is exect I am aware that any fall constitutes a third degree	meet the applicable statutory filing requirements, this date will not of State's records. The state of an authorized expresentative of a member of a member of an authorized expresentative of a member of a memb

Page 2 of 2