

L18000237826

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.

((H18000298843 3)))



H180002988433ABCA

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 : 120100000009
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 email address please.

Email Address: _____

2018 OCT 15 PM 3:59
FILED
CLERK OF CIRCUIT COURT
JANICE L. HARRIS
TALLAHASSEE, FLORIDA

18 OCT 15 PM 3:59

FILED

**FLORIDA LIMITED LIABILITY CO.
HIGHFIVE INTERNATIONAL GROUP LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 16 2018

T SCHROEDER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:
HIGHFIVE INTERNATIONAL GROUP LLC

ARTICLE II

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

**10932 NW 67TH ST
DORAL, FL 33178**

MAILING ADDRESS:

**10932 NW 67TH ST
DORAL, FL 33178**

ARTICLE III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL SERVICES.

ARTICLE IV

The name and Florida street address of the Registered Agent is:

**MARIA ISABEL FERNANDES
10932 NW 67TH ST
DORAL, FL 33178**

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, F.S.

x Maria Isabel Fernandes

Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 OCT 15 PM 3:59

FILED

ARTICLE V

The name and address of managing members/managers are:

TITLE: MGR

MARIA ISABEL FERNANDES, 25.00% SHARES OF STOCKS.

10932 NW 67TH ST

DORAL, FL 33178

TITLE: MGR

MARIA DE CAMPOS FARRA, 25.00% SHARES OF STOCKS

11603 NW 89TH ST, APT 101

DORAL, FL 33178

TITLE: MGR

MARIA PEREIRA FIGUEIRA, 25.00% SHARES OF STOCKS.

11603 NW 89TH, APT 101

DORAL, FL 33178

TITLE: MGR

MANUEL GONCALVES DE GOUVEIA, 25.00% SHARES OF STOCKS.

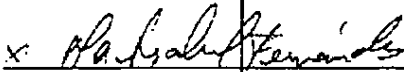
11603 NW 89TH ST, APT 101

DORAL, FL 33178

ARTICLE VI

The effective date for this Limited Liability Company shall be:

Signature of member or an authorized representative of a member:

x 

MANAGER, MARIA ISABEL FERNANDES