

Florida Department of State  
Division of Corporations  
Electronic Filings

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP  
Account Number : I20100000009  
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Fax Number : (305) 592-9391

\*\*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.  
ASUNCION HOME CARE, LLC**

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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ASUNCION HOME CARE, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address:

6861 SW 29<sup>th</sup> St.

230 SW 136<sup>th</sup> Pl

Miami, FL 33155

Miami, FL 33184

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Ricardo Yanes

Name

6861 SW 29<sup>th</sup> St

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

Miami, FL 33155

City, State, and Zip

*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.*

*Ricardo Yanes*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
OFFICE OF REVENUE PLANNING

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

<u>MGRM</u>	<u>Alexander Yanes</u> <u>6861 SW 29th Street</u> <u>Miami, FL 33155</u>
<u>MGRM</u>	<u>Martha Yanes</u> <u>6861 SW 29th Street</u> <u>Miami, FL 33155</u>
<u>MGRM</u>	<u>Lindsays Revcron</u> <u>6861 SW 29th Street</u> <u>Miami, FL 33155</u>
<u>MGRM</u>	<u>Ricardo Yanes</u> <u>6861 SW 29th Street</u> <u>Miami, FL 33155</u>

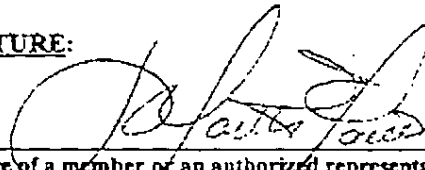
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SECRETARY OF STATE  
11/26/2018 10:20 AM

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/26/2018  
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

**REQUIRED SIGNATURE:**

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

(In accordance with Section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Martha Yanes

Typed or printed name of signee