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To:

Division of Corporations

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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:

FLORIDA LIMITED LIABILITY CO.
SILVERIO INVESTMENT GROUP, LLC

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Page Count	02
Estimated Charge	\$155.00

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J DENIS.

MAY . 3 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The mane of the Limited Liability	Company is:		
SILVERIO INVESTA (Must conta	MENT GROUP, LLC	iability Company	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	fice of t he Limite	ed Liability Company is:
Principa	LOffice Address:		Mailing Address:
414 NW 13TH STRE HOMESTEAD, PL 3:		<u>S</u> ^	MB
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an au	cannot serve as its own I	Rogistered Agent	ent's Signature: t. You must designate an individual or
The name and the Florida street a	ddress of the registered	ngent are:	
	ROGER L SILVERIO		
		Name	
	414 NW 13TH STREE		acceptable)
	HOMESTEAD	FL 9:=to	33030

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

HANN TO BE 9 33

'AMBR" = Authorized Membe	Name and Address:
MGR" = Manager	
MGR	ROGER L SILVERIO
	414 NW 13TH STREET
	HOMESTEAD, PL 33030
MOR	JUDIT SILVERIO
	414 NW 13TH STREET
	HOMESTEAD, FL 33030
	_
,	
V: Effective date, if other than ive date is listed, the date is listed, the date in the date.	the date of filing: (OPTIONAL)
filing.) The date is listed, the date minifiling.) The date inserted in this block do The cont's effective date on the Depu	of he specific and cannot be more than five husiness days prior to or 90 ses not meet the applicable statutory filling requirements, this date will no
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EQUITED SIGNATURE; Signature This document is a constitutes a third	es not meet the applicable statutory filling requirements, this date will no timent of State's records. of a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Dopartment of State degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filling Fees: of Organization and Designation of Received A