

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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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\*\*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.  
DYOLAB LLC

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

2019 MAY 22 PM 12:01

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
19 MAY 22 AM 10:32

Electronic Filing Menu

Corporate Filing Menu

Help

J DENNIS

MAY 23 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 22, 2019

FASTKIT CORP

SUBJECT: DYOLAB LLC  
REF: W19000049845

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

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New Filing Section.

FAX Aud. #: H1900C165090  
Letter Number: 519A0001037C

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DYOLAB LLC

(Must contain 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:

500 GRAND CONCOURSE  
MIAMI SHORES, FLORIDA 33138

Mailing Address:

500 GRAND CONCOURSE  
MIAMI SHORES, FLORIDA 33138

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:

BRITO & BRITO ACCOUNTING, INC.

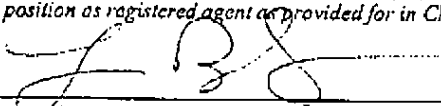
Name

407 LINCOLN ROAD, SUITE 9A

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

<u>MIAMI BEACH</u>	<u>FLORIDA</u>	<u>33139</u>
City	State	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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA  
DIVISION OF CORPORATE REGISTRATION  
19 MAY 22 AM 10:32

19 MAY 22 4:10 PM '97  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**ARTICLE IV-**

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

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager  
Michelle Naves-Penkvitt - MGR

**Name and Address:**

500 GRAND CONCOURSE  
MIAMI SHORES, FLORIDA 33138

Susanne S. Zellmer - MGR

2895 Grandview Ave NE  
Atlanta, GA 30305

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inscribed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.

MICHELLE NAVES-PENKVITT  
Typed or printed name of signer

**Filing Fees:**  
Filing Fee for Articles of Organization and Designation of Registered Agent  
Certified Copy (Optional)  
Certificate of Status (Optional)