

7/25/2019

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Division of Corporations
Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.
POMPON0 SUPPLIER SERVICES LLC**

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



July 26, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: POMONO SUPPLIER SERVICES LLC
REF: W19000068180

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Jalesa S Dennis
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FAX Aud. #: H19000223707
Letter Number: 219A00015237

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

POMPONO SUPPLIER SERVICES LLC.

ARTICLE II - Address:

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

Principal Office Address:

4995 NW 72 AVENUE SUITE #205
MIAMI, FLORIDA 33166

Mailing Address:

4995 NW 72 AVENUE SUITE #205
MIAMI, FLORIDA 33166

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

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

WORLD OFFICE & BUSINESS PLACE INC.
4995 NW 72 AVENUE SUITE #205
MIAMI, FLORIDA 33166

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 60.5 F.S.



Registered Agent's Signature

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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:

Member Manager

Name and Address

FRANCY A MONSALVE
4995 NW 72 AVENUE SUITE #205
MIAMI, FLORIDA, 33166

REQUIRED SIGNATURE:

Andrea Monsalve

Signature of 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)

Francy A. Monsalve

Typed or printed name of signed

SECRETARY OF STATE
TALLAHASSEE, FL

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