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.

(((H19000234055 3)))



H190002340553ABC\$

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 : I20100000009 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.

LC Capital Investments, LLC

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

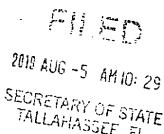
Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

AUG 6 2019



ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the limited liability company is: LC Capital Investments, LLC

ARTICLE II - ADDRESS:

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

Principal Office Address: 2051 NW 112 Avenue, Suite 114, Miarni, FL 33172

Mailing Address: 2051 NW 112 Avenue, Suite 114, Miami, FL 33172

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND SIGNATURE The name and Florida street address of the registered agent are:

Perla Sole Calas, PA 14750 NW 7th Court Suite 300 Miami Lakes, FL 33016

ARTICLE IV - MANAGERS

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

Title

Name

Manager

Jhonny Aslan

10267 NW 75th Tex., Doral, FL 33178

Manager

Leonardo Canizales

10267 NW 75" Ter., Dotal, FL 33178

ARTICLE V - EFFECTIVE DATE Effective date if other than date of filing:

ARTICKE VI - OTHER PROVISIONS

Signature of a member or 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 informulion submitted in a document to the Department of State constitutes a third degree felony as provided in S. 817.155 F.S.

Jhonny Aslan Typed or printed name of signee:

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.Sc.

Registered Agent's Signature

2010 AUG -5 AM IO: 29
SECRETARY OF STATE
TALLAHASSEE, FL