

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L20000138221

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To:

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2020 MAY 27 PM 4:09
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TALLAHASSEE, FL

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FLORIDA LIMITED LIABILITY CO.

2MM LLC

Certificate of Status	0
Certified Copy	1
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May 27, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: 2MM LLC
REF: W20000051681

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

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Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: E20000156510
Letter Number: 720A00010512

2020 MAY 27 PM 4:09
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

F I L E D

P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

2MM 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:222 NE 25 STREET, APT 908
MIAMI, FL 33137Mailing Address:222 NE 25 STREET, APT 908
MIAMI, FL 33137**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:

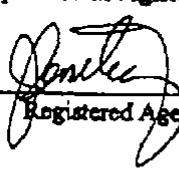
JUAN F. BENITEZName9100 CORAL WAY, STE 10

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

MIAMI FL 33165

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..


Benitez
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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ARTICLE IV.

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

KRISTY W SMITH
222 NE 25 STREET, APT 908
MIAMI, FL 33137

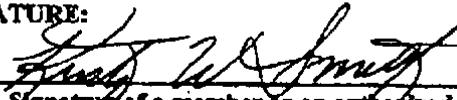
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/22/2020 (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 inserted 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.

KRISTY W SMITH

Typed or printed name of signee

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TALLAHASSEE, FL

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