

11/30/2020

L20000364887

Florida Department of State
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.

((H20000409329 3)))



H200004093293ABC5

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

2020 DEC -1 AM 4:11

F11 E10

****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.

8825 SW 120 ST LLC

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

2020 DEC -1 PM 2:05

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

8825 SW 120 ST LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC")

ARTICLE II - Address:

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

Principal Office Address:

11925 SW 88th COURT, Miami FL 33156

Mailing Address:

P.O. Box 562170
Miami, Florida 33256-2170

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:

EFRAIN VALDES, JR.

11925 SW 88th COURT
Florida street address (P.O. Box NOT acceptable)

MIAMI, FLORIDA 33156-5235

City, State and 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 a 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)

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

Name, address and title:

THE VALDES DYNASTY TRUST
11925 SW 88 COURT
MIAMI, FL 33176

AMBR

ARTICLE V: Effective date, if other than the date of filing: _____ . (OPTIONAL)

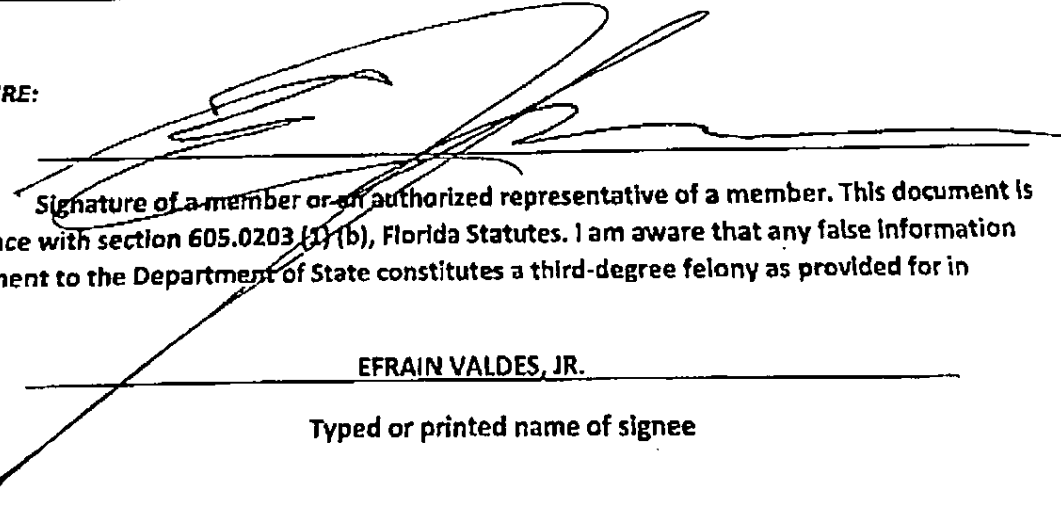
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date 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.

N/A

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.

EFRAIN VALDES, JR.

Typed or printed name of signee