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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Number : 120100000009							
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.**		To:					
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.**			Division of Co	rporations	: - -	2	
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FLORIDA LIMITED LIABILITY CO. TULIPAN MILKS LLC

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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR IT ORDAY LIMITED LIABILITY COMPANY

The name of the Limited	Liability Company Is:		
TULIPAN MI	LKS LLC		
(Mu	st contain the words "Limited L	iability Compan	y, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and s	treet address of the principal of	lice of the Limite	ed Liability Company is:
P	rincipal Office Address:		Mailing Address:
	C CARL LEAVE		LADOTTO DED COMMITT
<u> </u>	CORAL WAY	10	LARCTIC RIDGE WAY
ARTICLE III - Registers (The Limited Liability Co.	AMI FL 33/45	HC Registered Agent Registered Agent	1 ARCTIC RIDGE WAY DLLY SPRINGS, NC 27540 ent's Signature: . You must designate an individual or
ARTICLE III - Registers (The Limited Liability Contamother business entity with	ed Agent, Registered Office, &	Registered Agent	OLLY SPRINGS, NC 27540
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he nd I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Ximena Aponte

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	XIMENA APONTE SALAMANÇA 101 ARCTIC RIDGE WAY HOLLY SPRINGS, NC 27540
	1101251 SFRINGS, NC 2/340
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(Use attachment if necessary)	
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EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.) the date inserted in this block does not mement's effective date on the Department of EVI: Other provisions, if any. REOURED SIGNATURE: Signature of a mem This document is executed I am aware that any false in	ific and cannot be more than five business days prior to or 90 set the applicable statutory filing requirements, this date will not f State's records. Ximena Aponta