N	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.					
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P	ote: 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					
2 PH 3: 19	Account Name : FASTKIT CORP Account Number : 120100000009 Phone : (305)599-0839 Fax Number : (305)592-9591					
7071 FEB -	<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:</pre>					
F	FLORIDA LIMITED LIABILITY CO. MI CASA SU CASA INVESTMENTS LLC					
	Certificate of Status 0					
	Certified Copy I Page Count 02					
	Estimated Charge \$155.00					
	Estimated Charge \$155.00					



2021 FEB - 2 AH KO KM

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY SIGHT COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MI CASA SU CASA INVESTMENTS 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:	Mailing Address:
7118 NW 72ND AVE	7118 NW 72ND AVE
MIAMI, FL 33166	MIAMI, FL 33166

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:

JAVIER A CABRER	AA	
	Name	
7118 NW 72ND AVI	E	
Florida street addres	(P.O. Box NOT at	ceptable)
МАМ	FL	33166
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..

Registered gent's Signature (REQUIRED)		
(CONTINUED)		

ARTICLE IV-

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



(Use attachment if necessary)

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 most 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.

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This document is executed in I am aware that any false infly constitutes a third degree false	r 6- of a philorized representative of a manth acceleration with section 605.0203 (1) (b), Flor mation submitted in a document to the Depart my as provided for in a.817.155, F.8.	rida Statutes.		
JAV Ty	TER A. CABRERA ped or printed name of signes		60 1	