

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP
Account Number : I201000000009
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.
SAM 1986, LLC

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

21 MAR 10 AM 7:07

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DIVISION OF CORPORATIONS
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAM 1986, 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:20225 NE 34TH CT - UNIT #411
AVENTURA, FL 33180Mailing Address:20225 NE 34TH CT - UNIT #411
AVENTURA, FL 33180

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:

CABANAS & ASSOCIATES, PA

Name

8350 NW 52ND TERRACE - SUITE #208Florida street address (P.O. Box **NOT** acceptable)DORAL

City

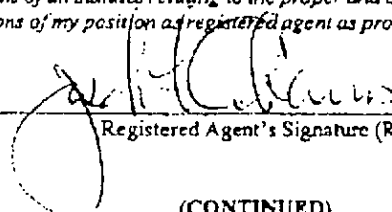
FL

State

33166

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 Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:AMBR

SALOMON DANIEL POLIWODA
 20225 NE 34TH CT - UNIT 411
 AVENTURA, FL 33180

AMBR

MANUEL CARLOS POLIWODA
 20225 NE 34TH CT - UNIT 411
 AVENTURA, FL 33180

AMBR

ABIGAIL POLIWODA
 20225 NE 34TH CT - UNIT #411
 AVENTURA, FL 33180

(SEE ATTACHMENT)

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A (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:**

X

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.

MANUEL CARLOS POLIWODA

Typed or printed name of signee

ARTICLE IV-

(CONTINUED)

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

JACQUELINE SABINA POLIWODA

20225 NE 34TH CT - UNIT 411

AVENTURA, FL 33180

AMBR

RAQUEL SHARON POLIWODA

20225 NE 34TH CT - UNIT 411

AVENTURA, FL 33180