3/10/2021

Division of Corporations

Florida Department of State

Division of Corporations

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(shown below) on the top and bottom of all pages of the document.



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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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA LIMITED LIABILITY CO. CM SOLUTIONS BY CLAUDIA LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLESOF	ORGANIZATION FOR	FLORIDALIMIT	EDIJABILITY COMPANY	
ARTICLE I - Name; The name of the Limited Liability	у Сопърилу ів:			
см ѕоцитю	NS BY CLAUD	711 LLC		
(Must conte	in the words "Limited	Liability Compar	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ac	ldress of the principal o	office of the Limi	ted Liability Company is:	
Princips	1 Office Address:	•	Mailing Address	, .
15090 S.W. 20TH STR	REET		15090 S.W. 20TH STREET	
DAVIE, FLORIDA 333	26		DAVIE, FLORIDA 33326	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street s	cannot serve as its own ctive Florida registration	Registered Ager on.)		केच्छो छर
i	CLAUDIA MORALE	:s		
		Name		
	15090 S.VV. 20Th	STREET	•	
	Florida street addres	(P.O. Box <u>NO</u>	[ acceptable)	
	DAVIE	FLORIDA	33326	
	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 camply with the provisions of all statutes relative 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.

Registre ed Agers a Signature (REQUIRHD)

(CONTINUED)

7021 HAE 10 PH 3: 51

ABTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Company:  Title: "AGBR" - Authorized Member "MGR - Manager  MGR - CLAIDA MORALES  TOMOS SWY. 2018 SIREET  DAVE. FLORIDA 33326  (Use attachment if necessary)  (OPTIONAL)  In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after late of filling.  If the date inserted in this block does not meet the applicable standary filing requirements, this date will not be listed as document effective date on the Department of State's records.  TICLE VI: Other provisions, if any.  RECUIRED SIGNATURE:  Signature of a member or systemer sad paper certainty of a member.  This document is executed in a member of system of a member.  This document is executed in a member of system of a member.  This document is executed in a member of the system of a member.  This document is executed in a member of the system of a member.  This document is executed in a member of the system of a member.  This document is executed in a member of the system of a member.  This document is executed in a member of a member of a member.  This document is executed in a member of a member of a member.  This document is executed in a member of a member.  This document is executed in a member of a member.  This document is executed in a member of a member of a member.  This document is executed in a member of a member of a member.  This document is executed in a member of a member of a member.  This document is executed in a member of a member of a member.  This document is executed in a member of a member of a member.  This document is constituted in a document to the Department of State of the member of the provisions of a member of the provisions of a member of the provisions of a member of the provision		•		
The name and address of each person authorized to manage and control the Limited Liability Company:  Title:  "AAGER" = Authorized Member  "MGR" = Manager  MGR  CLAIDA MORALES  15380 SW. 2019 SIREE!  DAVE. FLORIDA 333269  CICLE V:  Effective date, if other than the date of filing.  If the date inserted in this block does not meet the applicable staintory filing requirements, this date will not be listed as document a effective date on the Department of State's records.  TICLE VI: Other provisions, if any.  REGUIRED SIGNATURE:  Signature of a member of a member of stain which a position of 0.0203 (1) (b), Florida Statutes.  I am aware that say histo information applicable staintony filing requirements of the parameter of State is records.  TICLE VI: Other provisions, if any.  REGUIRED SIGNATURE:  Signature of a member of stain which a position of 0.0203 (1) (b), Florida Statutes.  I am aware that say histo information spinning of signee  Typed or printed name of signee  Filing Fees:  \$122.0.00 Filting Fee for Artitles of Organization and Designation of Registered Agent				
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"MJR" Authorized Member "MJR" Manager  (Use attachment if necessary)  (Use attachment if necessary)  (CICLE V: Effective data, if other than the date of filing	THE DIRECTOR	no address of each person :	authorized to manage and control the Limited Liability Company	r.
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