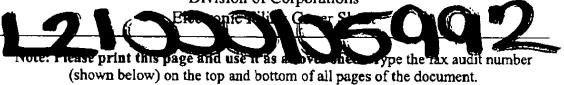
Division of Corporations

Florida Department of State

Division of Corporations



(((H210001013473)))



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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.

Email :	Address:	·	
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FLORIDA LIMITED LIABILITY CO. MI Credit, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Comment			
		LC		
(Must conta	MI Credit, L nin the words "Limited Liability (Company, "L.L.C.," o	or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of th	e Limited Liability (Company is:	
Principa	l Office Address:		Mailing Address:	
2600 S. Dove Stc 800 Coral Gob ARTICLE III - Registered Age	Alas Rd. La F 33154 nt, Registered Office, & Regist	2600 s Stc 63 Coral 6	Douglas Rd. 20 pables, Fl 33	<u> </u>
(The Limited Liability Company another business entity with an a	cannot serve as its own Registers	d Agent. You must d	esignate an individual	OK.
The name and the Florida street a	ddress of the registered agent are	;		
	360 Corporate. Name 2600 5 Douglas	Solutions	,uc	
	Name			
	2600 5 Douglas	Rd. Ste	800	
	Florida street address (₹ ∩ Ro	w NOT acceptable)		
	Cotal Gables City State	Fl 33	134	
	City Stat	c Z	ip	
laving been named as registered at lace designated in this certificate, i with er agree to comply with the pro in familiar with and accept the obl	I hereby accept the appointment a tysions of all statutes relating to tiguitions of my position as register	is registered agent and the proper and compli	d agree to act in this ca ste performance of my d for in Chapter 605, F.S	pacity. [luties. and I
	·	0		79
	(CONT	INUED)		021 HAS 12 PH 2: 29

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	<u> </u>	
Manager	Carlos Trueba	
	2600 5 DOUGIAS Pd. Etc 800	-
	Coral Gables, FI 33134	•
		•
•		•
effective date is listed, the date must be sp	e of filing: (OPTIONAL) sectific and cannot be more than five business days prior to or 90	days af
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