

3/25/2021

Division of Corporations

Florida Department of State

L210001207473628
Division of Corporations
Electronic Filing Cover Sheet

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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: _____

**FLORIDA LIMITED LIABILITY CO.
RJR 2017, LLC**

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

CORPORATIONS
COMMERCIAL
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2021 MAR 25 PM 2:45

RECEIVED MAR 25 PM 1:39

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3/26/21
[Signature]

Electronic Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RJR 2017, 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:

2263 SW 37 AVENUE, APT 330
MIAMI, FL 33145

Mailing Address:

2263 SW 37 AVENUE, APT 330
MIAMI, FL 33145

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:

JONATHAN RAMIREZ

Name

2263 SW 37 AVENUE, APT 330

Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33145

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 603, F.S.

Jonathan Ramirez
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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OF FLORIDA
COUNTY OF MIAMI

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

Name and Address:

"MGR" = Manager

AMBR

IONATHAN RAMIREZ

2263 SW 37 AVENUE, APT 330

MIAMI, FL 33145

(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 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.

REQUIRED SIGNATURE:

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.

JONATHAN RAMIREZ

Typed or printed name of signer

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STATE
FLORIDA