

6/17/2021

Division of Corporations

Florida Department of State
 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
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****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.
 WIT WORLD WIDE, LLC**

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

JUN 21 2021

T. SCOTT

2021 JUN 18 AM 9:31
 TALLAHASSEE, FLORIDA
 2021 JUN 18 PM 3:11

850-317-6381

6/18/2021 1:44:17 PM PAGE 1/001 Fax Server



June 18, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: WIT WORLD WIDE, LLC
REF: W21000089325

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: B21000239297
Letter Number: 921A00013801

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name

The name of the Limited Liability Company is:

WIT WORLD WIDE, LLC

ARTICLE II Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**3850 W. 9 Ave.
Hialeah, FL 33012**

Mailing Address:

**3850 W. 9 Ave.
Hialeah, FL 33012**

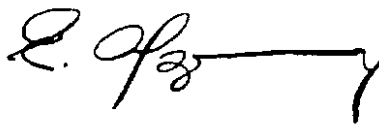
ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

**Ernie Alzugaray
3850 W. 9 Ave.
Hialeah, FL 33012**

Having been named as registered agent 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)

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2021 JUN 18 AM 9:31
SOUTH DAVENPORT
TALLAHASSEE, FLORIDA

ARTICLE VI *Manager(s) or Managing Member(s):*

The name and address of each Manager or Managing Member is as follows:

Title:

"MGRM" = Managing Member

"MGR" = Member

"AMBR" = Authorized Member

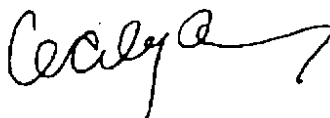
Joel Alzugaray - Member
3850 W. 9 Ave.
Hialeah, FL 33012

Cecily Alzugaray - Member
3850 W. 9 Ave.
Hialeah, FL 33012

ARTICLE VI: 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.)

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.)

Cecily Alzugaray

Typed or printed name of signee