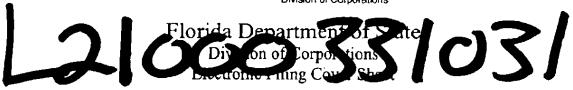
7/20/2021

Division of Corporations



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Account Name : FASTKIT CORP Account Number : I20100000009

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Fax Number

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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.

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FLORIDA LIMITED LIABILITY CO.

Nergar, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Nergar, LLC				
	ust contain the words "Limited L	iability Company, '	'L.L.C.," or "LLC.")	
ARTICLE II - Address	:			
The mailing address and	street address of the principal off	fice of the Limited	Liability Company is:	
,	Principal Office Address:		Malling Address:	
1920 NE 194	Street			
North Miami	Beach, FL 33179			
ARTICLE III - Registe	red Agent, Registered Office, &	Registered Agen	t's Signature:	
The Limited Liability C mother business entity v	ompany cannot serve as its own R with an active Florida registration a street address of the registered a	tegistered Agent. Y .)	t's Signature: ou must designate an individual or	-
The Limited Liability C mother business entity v	ompany cannot serve as its own R with an active Florida registration a street address of the registered a Christian Nerguizian	Registered Agent. Y	t's Signature: ou must designate an individual or	#
The Limited Liability C mother business entity v	ompany cannot serve as its own R with an active Florida registration a street address of the registered a Christian Nerguizian	tegistered Agent. Y .)	t's Signature: ou must designate an individual or	# 6 6 6 7
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The Limited Liability C mother business entity v	ompany cannot serve as its own R with an active Florida registration a street address of the registered a Christian Nerguizian	tegistered Agent. Y .) agent are: Name	ou must designate an individual or	:
The Limited Liability C mother business entity v	ompany cannot serve as its own R with an active Florida registration a street address of the registered a Christian Nerguizian 1920 NE 194 Street	tegistered Agent. Y .) agent are: Name	ou must designate an individual or	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;

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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Christian Nerguizian 1920 NE 194 Street North Migni Beach, FL 33179
MGR	Rosita Garabedian 1920 NE 194 Street North Miami Beach, FL 33179
(Use attachment if necessary)	1
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) If the date inserted in this block does	date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) If the date inserted in this block does to be current's effective date on the Department's effective date on the Department.	te specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
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CLE V: Effective date, if other than the effective date is listed, the date must be steed filing.) If the date inserted in this block does occurrent's effective date on the Department's effe	not meet the applicable statutory filing requirements, this date will not be ment of State's records. The member of an authorized representative of a member of a member of a member of an authorized representative of a member of a mem