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Florida Department of State
Division of Corporations
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To:
Division of Corporations
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From:
Account Name : FASTKIT CORP
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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.
SAINT LOUIS GREEN, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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Corporate 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:

SAINT LOUIS GREEN, LLC

ARTICLE II- Address:

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

Principal Office Address:

830 Marisa Lane
Kissimmee, FL 34744

Mailing Address:

830 Marisa Lane
Kissimmee, FL 34744

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

The name and the Florida street address the registered agent are:

FABIAN MARCELO VIEGAS

Name

830 Marisa Lane

Florida Street address (P.O. Box NOT acceptable)

Kissimmee, FL 34744

City, State, and 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 605, Florida Statutes.



Registered Agent's Signature

ARTICLE IV

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

Title:

Name and Address:

"AMBR"= Authorized Member

"MGR"= Manager

MGR

FABIAN MARCELO VIEGAS

830 Marisa Lane
Kissimmee, FL 34744

AMBR

VERONICA NATALIA TELLELDIN

830 Marisa Lane
Kissimmee, FL 34744

(Use attachment if necessary)

ARTICLE V-Effective date, if other than the date of filing: _____

(OPTIONAL)

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.

Fabian Marcelo Viegas

Typed or printed name of signee