Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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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. AMAYA MULTISERVICES LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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DENNIS OCT 28 2021

ARTICLE I Na			
The name of the L	imited Liability Company is:		22
			0CT
	AMAYA MULTISER		—
	(Must contain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	27
ARTICLE II - Ad	ldress:		772
	ss and street address of the principal office	of the Limited Liability Company is:	AH IO:
	Principal Office Address:	M-00- 4 44	AHIO: IS
		Mailing Address:	J 1
1401 N	W 31st St - Miami Fl 33142	1401 NW 31st St - Miami Fl 33142	_
			~
ARTICLE III - R	egistered Agent, Registered Office, & Re	printered A newsi- Ci-	_
(i ne rimitea fiiabi	lity Company cannot serve as its own Regis	stered Agent's Signature: stered Agent. You must designate an individual or	
another business e	ntity with an active Florida registration.)	,	
i	Florida street address of the registered agen	nt are:	
The name and the F	Total salest address of the registered agen		
The name and the F	JHOSSEFYNA DEL (CARMEN AMAYA	
The name and the F		_ 	

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.

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

FLORIDA

State

33142

<u>M</u>iami

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	JHOSSEFYNA DEL CARMEN AMAYA 1401 NW 31 st St - Miami Fl 33142
AMBR	SARA AMAYA 1401 NW 31st St - Miami Fl 33142
(Use attachment if necessary)	
f filing.) the date inserted in this block does not	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
tent's effective date on the Department VI: Other provisions, if any.	of State's records.
REOUIRED SIGNATURE:	
1	(I Smul U
Signature of a m This document is execut I am aware that any fals	ember of an authorized representative of a member, ated in accordance with section 605.0203 (1) (b), Florida Statutes in information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.