

12/22/21 9:22 AM

Division of Corporations

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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  
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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.

APEL INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE  
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December 27, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FASTKIT CORP

SUBJECT: A & E INVESTMENTS, LLC  
REF: W21000161263

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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tammi Cline

Regulatory Specialist II Supervisor

FAX Aud. #: H21000464636

Letter Number: 121A00031044

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**APEL INVESTMENTS, LLC**

(Must end with 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:**750 NE 64<sup>th</sup> St #B300

Miami, FL 33138

**Mailing Address:**750 NE 64<sup>th</sup> St #B300

Miami, FL 33138

**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:

Ernesto Linares

Name

750 NE 64<sup>th</sup> St #B300Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33138


City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FL

JAN 4 PM 3:22

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*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)

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

Title:Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager


AMBRAlvaro Perez Garcia de Villegas750 NE 65th St #B300Miami, FL 33138AMBRErnesto Linares750 NE 65th St #B300Miami, FL 33138

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/03/2022  
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Alvaro Perez Garcia de Villegas

Typed or printed name of signee