

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
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.
EMGLOMIN, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EMGLOMIN, LLC.

ARTICLE II - Address:

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

Principal Office Address:

4995 NW 72 AVENUE SUITE #205
MIAMI, FLORIDA 33166

Mailing Address:

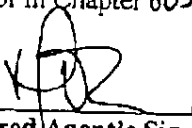
4995 NW 72 AVENUE SUITE #205
MIAMI, FLORIDA 33166

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

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

WORLD OFFICE & BUSINESS PLACE, INC.
4995 NW 72 AVENUE SUITE #205
MIAMI, FLORIDA 33166

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

2022 FEB 18 AM 17

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ARTICLE IV – Manager(s) or Managing Member(s):

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

Title:

Members and Managers

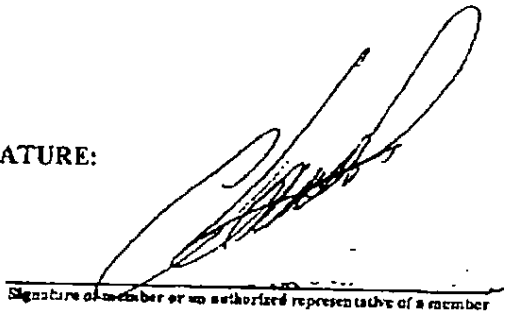
Name and Address

CLAUDIO A PIZARRO
4995 NW 72 AVENUE SUITE #205
MIAMI, FLORIDA. 33166

Name and Address

SUSANA C HERRERA
4995 NW 72 AVENUE SUITE #205
MIAMI, FLORIDA 33166

REQUIRED SIGNATURE:



Signature of member or an authorized representative of a member

(In accordance with section 605 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Claudio A. Pizarro
Typed or printed name of signed

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CLERK OF COURT