4/28/22, 2:00 PM

## n of Corporations **Electronic Filing Cover Sheet**

page 1

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Division of Corporations

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From:

Account Name : FASTKIT CORP Account Number : 120100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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Email Address:

FLORIDA LIMITED LIABILITY CO. THE ROJAS FUND LLC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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THE ROJAS FUND LLC

(Must contain 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:	Mailing Address:
1042 NW 129 AVE	1042 NW 129 AVE
MIAMI, FL 33182	MIAMI, FL 33182

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:

BENIGNO ROJAS	3	
	Name	
1042 NW 129 AV	E	
Florida street addr	ess (P.O. Box <u>NOT</u> acce	ptable)
MIAMI	FLORIDA	33182
City	State	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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Memb "MGR" = Manager	Name and Address:	
AMBR	BENIGNO ROJAS (25 UNITS) 1642 NW 129 AVE MIAMI, FL 33182	·
AMBR	REGLA ROJAS (25 UNITS) 1042 NW 129 AVE MIAMI, FL 33182	
AMBR	NERY ROJAS (25 UNITS) 2608 W 70 ST HIALEAH, FL 33016	
AMBR	BENIGNO R. ROJAS- (25 UNITS) 2608 W 70 ST HIALEAH, FL 33016	
(Use attachment if necessary)	<del></del>	
	oes not meet the applicable statutory filing requirements, this date will:not be li	
document's effective date on the Der	io imeni di State a (coolua.	$\alpha$
TICLE VI: Other provisions, if any	$rac{G}{V}$	7P
document's effective date on the Dep TICLE VI: Other provisions, if any.	arepsilon	

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. BENIGNO ROJAS

Typed or printed name of signee