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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-083

Fax Number

: (305)599-0839 : (305)592-9591

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## FLORIDA LIMITED LIABILITY CO. LATCOAMERICA LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$155.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LATCOAMER	ICA LLC	
(Must	t contain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
RTICLE II - Address:		
he mailing address and str	reet address of the principal	l office of the Limited Liability Company is:
<u>Pri</u>	incipal Office Address:	Mailing Address:
<u>5600 SW 135 A</u>	VE SUITE 106R	5600 SW 135 AVE SUITE 106R
MIAMI FL 331	83	MIAMI FL 33183
<del> </del>		
nother business entity with	d Agent, Registered Office apany cannot serve as its ow han active Florida registrat treet address of the registen	e, & Registered Agent's Signature: wn Registered Agent. You must designate an individual original.
nother business entity with	pany cannot serve as its ow han active Florida registrat treet address of the registen	e, & Registered Agent's Signature: wn Registered Agent. You must designate an individual ortion.)
nother business entity with	pany cannot serve as its ow han active Florida registrat treet address of the registen	e, & Registered Agent's Signature: wn Registered Agent. You must designate an individual oriention.)  Ted agent are:  REGISTERED AGENTS INC
nother business entity with	pany cannot serve as its ow han active Florida registrat treet address of the registen	e, & Registered Agent's Signature: wn Registered Agent. You must designate an individual oriention.)  Ted agent are:  REGISTERED AGENTS INC
nother business entity with	pany cannot serve as its own han active Florida registrate treet address of the registern WEST KENDALL  5600 SW 135 AVE	e, & Registered Agent's Signature: wn Registered Agent. You must designate an individual ortion.)  red agent are:  REGISTERED AGENTS INC  Name

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..

State

Zip

City

Gabriel S. Diaz-Sarmiento

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	MUNETON CLAUDIA 5600 SW 135 AVE SUITE 106R MIAMI FL 33183	
MGRM	CARDENAS GUTIERREZ, MARCELA 5600 SW 135 AVE SUITE 106R MIAMI FL 33183	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
MGRM	FERNANDO ROBERTO RUBIO CASTILLO 5600 SW 135 AVE SUITE 106R MIAMI FL 33183	1.3322A
(Use attachment if necessary)		***
EV: Effective date, if other than the ctive date is listed, the date must filling.)	ne date of filing:	or to or 90
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any.	be specific and cannot be more than five business days prison meet the applicable statutory filing requirements, this dis	or to or 90