

# Florida Department of State

## Division of Corporations

### Electronic Filing Cover Sheet

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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 DEPARTMENT OF STATE  
ALBUQUERQUE, FLORIDA

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CORPORATIONS  
COMMERCIAL  
SERVICES

### FLORIDA LIMITED LIABILITY CO.

#### RRVA Holdings LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I Name**

The name of the Limited Liability Company is:

**RRVA Holdings LLC**

**ARTICLE II Address**

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

**Principal Office Address:**

**7225 SW 76 St.  
Miami, FL 33143**

**Mailing Address:**

**7225 SW 76 St.  
Miami, FL 33143**

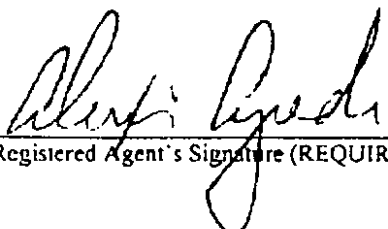
**ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:

**Alexis Agreda  
7225 SW 76 St.  
Miami, FL 33143**

*Having been named as registered agent 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)

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Page 1 of 2

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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:**

"MGRM" = Managing Member

"MGR" = Member

"AMBR" = Authorized Member

Alexis Agreda - Authorized Representative  
7225 SW 76 St.  
Miami, FL 33143

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

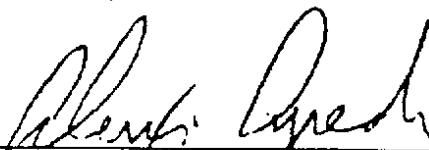
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**ARTICLE VI:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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.)

ALEXIS AGREDA

Typed or printed name of signee