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COVER LETTER

TO:	New Filing Se Division of Co					
\$11D.1D		Fastest, LLC.				
SUDIE	CT:	Nar	ne of Limite	d Liabili	ty Company	
The enc	losed Articles o	f Organization and	fee(s) are si	ıbmitted	for filing.	
Please r	eturn all corresp	ondence concernir	g this matte	r to the fo	ollowing:	
	Martin Eric	Gonzalez				
				Name of	Person	
	Absolute Fa	istest, LLC.				
				Firm/Cor	npany	
	6241 SW 78	8th Street, Suite 10	5			
			· · · · · · · · · · · · · · · · · · ·	Addro	:SS	
	Miami, Flor	rida 33143				
	Ericmegart(a)	oleland com	City	State and	l Zip Code	
			be used for	future a	nnual report notificati	ion)
For furthe	r information ed	oncerning this matt	er, please ca	ll:		
	Elizabeth M	ulet	305 at (910-3758	
	Nan	ne of Person		Code	Daytime Telephon	
Enclosed	Lis a check for t	the following amot	int:			
	00 Filing Fee	□\$130.00 Filin Certificate of S	g Fee & tatus	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	■\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address			Street Address	
		iling Section on of Corporations		•	New Filing Section Di The Centre of Tailah:	issec
	P.O. F	30x 6327 assee, FL 32314			2415 N. Monroe Stre Fallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Commany is:			
The name of the Limited Gard	tcy Company is.			
Absolute Fastest, Ll	LC.			
(Must con	ntain the words "Limited	Liability Company, '	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal o	ffice of the Limited	Liability Company is:	
Princip	pal Office Address:		Mailing Addre	<u>88</u> :
6241 SW 78th Stree	et. Suite #105	6241	SW 78th Street, Suite #10	05
(The Limited Liability Compan another business entity with an The name and the Florida street	active Florida registratio	n.) Lagent are:	ou must designate an indi	widual or
	William Fire Comparez	Name		
	6241 SW 78th Street	. Suite #105		
	Florida street addres		rceptable)	
	Miami	Florida	33143	
	City	State	Zip	
laving been named as registered lace designated in this certificate wther agree to comply with the p m familiar with and accept the o	 I hereby accept the apportunitions of all statutes rebligations of my position 	ointment as registere dating to the proper	rd agent and agree to act in and complete performance is provided for in Chapter (ethis capacity. I of my duties, and I
		(CONTINUED)		

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	· · · · · · · · · · · · · · · · · · ·
"MGR" = Manager	
MGR	Martin Eric Gonzalez 6241 SW 78th Street. Suite #105 Miami, Florida 33143
AMBR	Elizabeth Mulet 6241 SW 78th Street, Suite #105 Miami, Florida 33143
(Use attachment if necessary)	
HULL V: Effective date, if other than the dat	
n effective date is listed, the date must be splate of filing.) e: If the date inserted in this block does not document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed
in effective date is listed, the date must be specificate of filing.) te: If the date inserted in this block does not document's effective date on the Department	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed
n effective date is listed, the date must be sparted of filing.) e: If the date inserted in this block does not document's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed
th effective date is listed, the date must be space of filing.) te: If the date inserted in this block does not document's effective date on the Department FICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be listed to of State's records.
the effective date is listed, the date must be specified of filing.) te: If the date inserted in this block does not document's effective date on the Department of the Depar	pecific and cannot be more than five business days prior to or 90 days aft meet the applicable statutory filing requirements, this date will not be listed
the effective date is listed, the date must be specified of filing.) te: If the date inserted in this block does not document's effective date on the Department of the Depar	meet the applicable statutory filing requirements, this date will not be listed to of State's records. The state of the applicable statutory filing requirements, this date will not be listed to of State's records. The state of the statutory filing requirements, this date will not be listed to of State of State of State of State of the stat
n effective date is listed, the date must be specified of filing.) e: If the date inserted in this block does not document's effective date on the Department of the Departme	meet the applicable statutory filing requirements, this date will not be listed to f State's records. The modern of an authorized representative of a member of an authorized representative of a member of a mem

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR HORBALL MITED LABILITY COMPANY

<u>Ansolute restest. (</u> Museco			
Nation of	Lild		
	stratic de colles difficée	Carlo Colony Colony Colony	
ARTICLE II - Address: The mailing address and street	t address of the principal c	affice of the Limited L	ability company is:
Princ	ripal Office Address:		Mailing Address:
o241 SW 78th Stre	eet, Suite #105	<u>0</u> 24) §	SW 78th Street, Suite #105
<u></u>			
The name and the Florida stree	et address of the registered	<u>/</u>	
		Name	
	6241 SW 78th Street		
		(1) (7) (1) (1) (1) (1) (1) (1) (1) (1)	replable (
	Florida street addres	8 (P.O. DOX <u>BOY</u> and	Cylindric /
	Florida street addres Miami	Florida	33143

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Memi "MGR" = Manager	oe;
"MGR" = Magazan	
11.02.013 17.141 15.4.6.5	
MGR	Martin Eric Gonzalez
	6241 SW 78th Street. Strite =105
	Miami, Florida 33143
- 1 (1)12	Elizabeth Mulei
AMBR	6241 SW 78th Street, Suite #105
	Miami, Florida 33143
Use attachment if necessary)	
ent's effective date on the De	epartment of State's records.
	•
VI: Other provisions, if any.	
VI: Other provisions, if any. EQUIRED SIGNATURE:	
VI: Other provisions, if any. EOUIRED SIGNATURE:	re of a member or an authorized representative of a member.
VI: Other provisions, if any. EOUIRED SIGNATURE: Signature This documen	re of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (f) (b). Florida Statutes.
VI: Other provisions, if any. EOUIRED SIGNATURE: Signature This documen	re of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (f.) (b). Florida Statutes, any false information submitted in a document to the Department of State
VI: Other provisions, if any. EOUIRED SIGNATURE: Signature This documen	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (f) (b). Florida Statutes.
VI: Other provisions, if any. EOUIRED SIGNATURE: Signature This documen Lam aware that constitutes a the	re of a member or an authorized representative of a member. is executed in accordance with section 605.0203.47 (b). Florida Statutes, any false information submitted in a document to the Department of State ind degree felony as provided for in s.817.115.45.8.
VI: Other provisions, if any. EOUIRED SIGNATURE: Signature This documen Lam aware that constitutes a the	re of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (f) (b). Florida Statutes, any false information submitted in a document to the Department of State ind degree felony as provided for in s.817.125.4.S.
VI: Other provisions, if any. EOUIRED SIGNATURE: Signature This documen I am aware that constitutes a the	re of a member or an authorized representative of a member. is executed in accordance with section 605.0203(f) (b). Florida Statutes, any false information submitted in a document to the Department of State ind degree felony as provided for in s.817.115.4.5.
EOUIRED SIGNATURE: Signatur This documen I am aware that constitutes a the	re of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State includegree felony as provided for in s.817.115. F.S. eric Gonzalez Typed or printed name of signee
VI: Other provisions, if any. EOUIRED SIGNATURE: Signatur This documen I am aware that constitutes a the Martin	re of a member or an authorized representative of a member. is executed in accordance with section 605.0203.47 (b). Florida Statutes, any false information submitted in a document to the Department of State ind degree felony as provided for in s.817.115.47.8. Typed or printed name of signee Filing Fees:
VI: Other provisions, if any. FOURED SIGNATURE: Signatur This documen I am aware that constitutes a th Martin 125.00 Filing Fee for Artic	re of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (b). Florida Statutes, any false information submitted in a document to the Department of State ind degree felony as provided for in s.817.115. F.S. Typed or printed name of signee Filing Fees: les of Organization and Designation of Registered Agent
VI: Other provisions, if any. FOURED SIGNATURE: Signature This documen I am aware that constitutes a th Martin S125.00 Filing Fee for Artic 30.00 Certified Copy (Op	re of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (f) (b). Florida Statutes, any false information submitted in a document to the Department of State ind degree felony as provided for in s.817.115.45.8. Typed or printed name of signed Filing Fees: les of Organization and Designation of Registered Agent tionals
VI: Other provisions, if any. EQUIRED SIGNATURE: Signatur This documen Lam aware that constitutes a th Martin 125.00 Filing Fee for Artic	re of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (i) (b). Florida Statutes, tany false information submitted in a document to the Department of State ind degree felony as provided for in s.817.113.F.S. Typed or printed name of signer Filing Fees: les of Organization and Designation of Registered Agent tionals