

HA200278021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

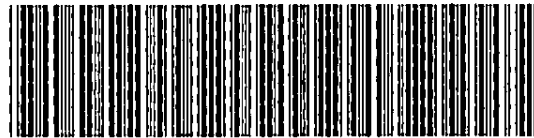
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/26/22--01015--008 \*\*160.00

*[Handwritten signature]*

2022 MAY 25 AM 2:31

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Absolute Fastest, LLC.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martin Eric Gonzalez  
Name of Person

Absolute Fastest, LLC.  
Firm/Company

6241 SW 78th Street, Suite 105  
Address

Miami, Florida 33143  
City/State and Zip Code

Ericmegart@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Mulet      305      910-3758  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Absolute Fastest, 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:

6241 SW 78th Street, Suite #105

Mailing Address:

6241 SW 78th Street, Suite #105

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:

Martin Eric Gonzalez

Name

6241 SW 78th Street, Suite #105

Florida street address (P.O. Box **NOT** acceptable)

Miami

Florida

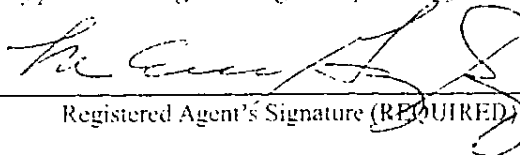
33143

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)

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"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)

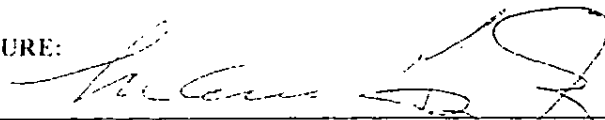
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**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.817.15, F.S.

Martin Eric Gonzalez

Typed or printed name of signee

**Filing Fees:**

\$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 FLORIDA LIMITED LIABILITY COMPANY

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Absolute Tastes, LLC

Must contain the words "Limited Liability Company," or its abbreviation.

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Mailing Address:

6241 SW 78th Street, Suite #105

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Martin Eric Gonzalez

Name

6241 SW 78th Street, Suite #105

Florida street address (P.O. Box NOT acceptable)

Miami

Florida

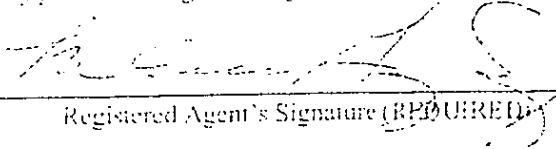
33143

City

State

Zip

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\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title:

Name and Address:

"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)

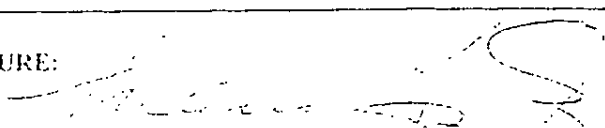
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\_\_\_\_\_  
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Martin Eric Gonzalez

Typed or printed name of signer

**Filing Fees:**

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)