

7/8/22 3:04 PM

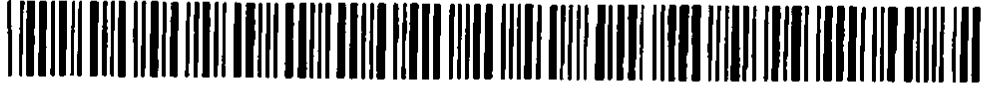
Division of Corporations

622000304542

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305)599-0839  
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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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CORPORATION  
COMMERCIAL  
SERVICES

FLORIDA LIMITED LIABILITY CO.  
LUNALU, LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**LUNALU, LLC.**

**ARTICLE II - Address:**

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

**Principal Office Address:**

4995 NW 72ND AVE, SUITE #205  
MIAMI, FL 33166

**Mailing Address:**

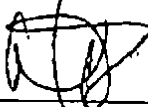
4995 NW 72ND AVE SUITE #205  
MIAMI, FL 33166

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

The name and the Florida street address of the registered agent are:

WORLD OFFICE & BUSINESS PLACE, INC.  
4995 NW 72ND AVE SUITE #205  
MIAMI, FL 33166

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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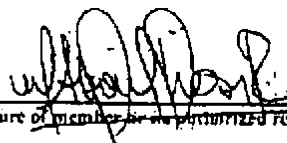
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**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address</u>
<u>AMBR</u>	<u>MARIA A ABOULHOSN</u> <u>4995 NW 72ND AVE SUITE #205</u> <u>MIAMI, FL. 33166</u>

**REQUIRED SIGNATURE:**



Signature of member or authorized representative of a member.

(In accordance with section 605 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Maria A. Aboulhoss

Typed or printed name of signed

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