

9/22/22, 12:00

Division of Corporations

H22000412835

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  
Fax Number : (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.

13551 Unit #4 LLC

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

2022 SEP 22 PH 1:31

22 SEP 22 PH 12:35  
FALLMADISON, FLORIDA

OK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

13561 Unit #4 LLC

ARTICLE II - Address:

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

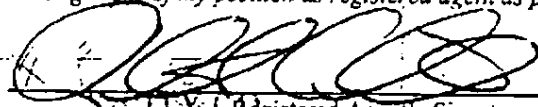
2423 SW 147 Ave. Box #135  
Miami, FL 33185

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

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

Robert Castillo  
2423 SW 147 Ave. Box #135  
Miami, FL 33185

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

57 Unit # 4 LLC

ARTICLE IV - Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company. The name and address of each person authorized to manage and control the Limited Liability Company:

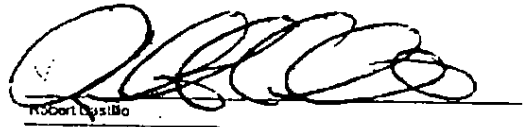
NAME	ADDRESS	TITLE	NAME
Robert Castillo	2423 SW 147 Ave. Box #135 Miami, FL 33185	Manager	

Certificate of  
Formation  
Page 2 of 2  
Estimated Cl

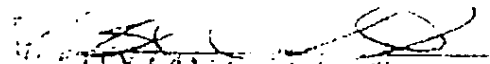
22 SEP 22 PM 1:35  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
CORPORATION DIVISION

ARTICLE  
STATE OF  
CORPORATION  
DIVISION

IN WITNESS WHEREOF, the undersigned member(s) has/have made and subscribed these Articles of Organization at **LESTER BARRERAS, C.P.A., P.A.** 1987 N.W. 88 CT., STE. 201 MIAMI, FL 33172 for the foregoing uses and purposes this 21 day of September, 2022.

  
Robert Castillo

  
Signature

  
Signature

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any

Co  
Part  
of to  
State of FL

22 SEP 22 PM 12:35  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

ADDRESS