

622000412858

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000328772 3)))



H220003287723ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

6206 Unit #A107 LLC

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

2022 SEP 22 PM 1:30

22 SEP 22 PM 12:35
TALLAHASSEE, FLORIDA

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:

6206 Unit #A107 LLC

ARTICLE II - Address:

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

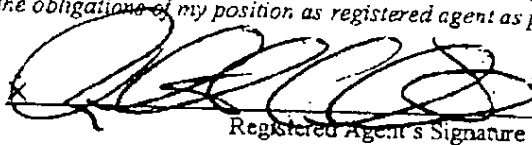
2423 SW 147 Ave. Box #135
Miami, FL 33185

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

DALEMI

6206 Unit #A107

ARTICLE IV - Management

of St:

by

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

Robert Castillo

ADDRESS

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

TITLE

Manager

DALEMI

6206 Unit #A107

22 SEP 22 PM 12:35

of St:

by

by

by

by

by

by

by

by

by

by


by

by

by

by

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**
NW. 88 CT., STE. 201 MIAMI, FL 33172 for the foregoing uses and purposes this
* 21 day of September, 2022.

X 
Robert J. Barrera

MANA by J.
name of
company

ADDRESS

22 SEP 22 PM 12:35
TALLAHASSEE, FLORIDA

FILED