

11/2/22, 3:24 PM

Division of Corporations

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.
NIKIS BEACH ALPS GLOBAL LLC

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

2022 NOV -2 PM 4:31

22 NOV -2 PM 12:35
of 1
Mail Address: 11/2/2022

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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:

NIKIS BEACH ALPS GLOBAL LLC

(Must end with 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:

4775 COLLINS AVE APT 2702

GREEN DIAMOND

MIAMI BEACH FL 33141

Mailing Address:

4775 COLLINS AVE APT 2702

GREEN DIAMOND

MIAMI BEACH FL 33141

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:

ALEXANDER PUENTES

Name

4775 COLLINS AVE APT 2702

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

MIAMI BEACH

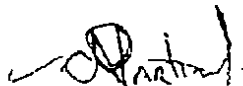
City

FL

33141

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)

22 NOV 02 17:04
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22 NOV 02 17:04
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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

Name and Address:

HAYDE Y. CHIU
4775 COLLINS AVE APT 2702
MIAMI BEACH, FL 33141

ALEXANDER PUENTES
4775 COLLINS AVE APT 2702
MIAMI BEACH, FL 33141

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: OCTOBER 31 2022 (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.)

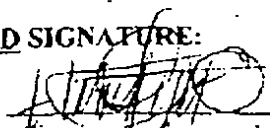
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

UNITS WILL BE DISTRIBUTED AS FOLLOWING:

- ALEXANDER PUENTES (50 UNITS)

- HAYDE Y. CHIU (50 UNITS)

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.817.155, F.S.

HAYDE Y. CHIU

Typed or printed name of signee

2 NOV -2 PM 12:35
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 AND BUSINESSES