

1/20/23 3:09 PM

Division of Corporations

**L23600023956**

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.

(((H23000025811 3)))



H23000025811 3ABCW

**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.  
2655 COLLINS 1705 MIAMI, LLC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JAN 20 AM 11:37

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 5B976CFD-5C11-44FF-AF92-12B4AFD3D268

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2655 COLLINS 1705 MIAMI, 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:

Mailing Address:

2655 COLLINS AVENUE, APT 1705  
MIAMI BEACH FL 33140

52 WEST 70TH STREET, APT. 3A  
NEW YORK, NY 10023

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:

SIMONA GENOV

Name

2655 COLLINS AVENUE, APT. 1705

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

MIAMI BEACH FL 33140

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..*

DocuSigned by:

Simona Genov

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2023 JAN 20 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DocuSign Envelope ID: 6B976CFD-5C11-44FF-AF92-12B4AFD3D268

**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

MGRDIMITRE GENOV52 WEST 70TH STREET, APT. 3ANEW YORK, NY 10023MGRSIMONA GENOV52 WEST 70TH STREET, APT. 3ANEW YORK, NY 10023

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 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.**THE COMPANY SHALL BE A MANAGER-MANAGED ENTITY.****REQUIRED SIGNATURE:**

DocuSigned by:

Simona Genov

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.SIMONA GENOV

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)