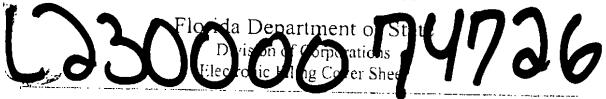
Division of Corporations



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.

(((H230000616973)))



H2300006169734BC1

	**************************************				• • • • • • • • • • • • • • • • • • • •	
To:						
	Division of Corpo	prations			5	
	Fax Number :	(850)617-6381				
From:					≥ ∺	.:
	Account Name :	FASTKIT CORP			5 5 5	
	Account Number :				3S(3)	Ø.
		(305)599-0839			inc:	P
	Fax Number ;	(305)592-9591				77
					0=	
					$\neg \nu$	
**Enter	the email address f	or this busines:	entity to be i	used for	ESE Futura	2
**Enter an	the email address f nual report mailings	or this busines: s. Enter only on	entity to be a email address	used for please.*	futi cs am	12
an	nua: report mailings	s. Enter only on	entity to be of email address	used for please.*	futi cs am	12
an	the email address f nual report mailings ail Address:	s. Enter only on	e entity to be u	used for please.*	futi cs am	12
an	nua: report mailings	s. Enter only on	e entity to be u	used for please.*	futi cs am	12
an	nua: report mailings	s. Enter only on	e email address	please.*	futi cs am	12
an	nua: report mailings ail Address: FLORIDA	LIMITED LI	BILITY CO.	please.*	ENLAHASSEE. F	12
an	nua: report mailings ail Address: FLORIDA	s. Enter only on	BILITY CO.	please.*	EALLAHASSEE. FL	12
an	nua: report mailings ail Address: FLORIDA DOUGL	LIMITED LIAS STRUCTI	BILITY CO.	please.*	IE L'ORE TARIT DE STAT	12
an	FLORIDA DOUGL Certificate of Sta	LIMITED LIAS STRUCTI	ABILITY CO.	please.*	EALLAHASSEE. FL	12
an	FLORIDA DOUGL Certificate of Sta	LIMITED LIAS STRUCTI	ABILITY CO. JRES LLC	please.*	IE L'ORE TARIT DE STAT	12
an	FLORIDA DOUGL Certificate of Sta	LIMITED LIAS STRUCTI	ABILITY CO.	please.*	IE L'ORE TARIT DE STAT	12

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	DOUGLAS	S STRUCTURES	LLC	
(Must contain	the words "Limited L	iability Company, '	"L L.C. ₍ " or "LLC ")	
CLE II - Address:				
ailing address and street addr	ess of the principal off	fice of the Limited	Liability Company is:	
Principal (Mice Address:		Mailing Address:	
1400 300 10 07 141 54	FT 22142	:400	1600 NW 30 ST MIAMI FL 33142	
1500 NW 30 ST MIAM. CLE III - Registered Agent, imited Liability Company can	Registered Office, &	Registered Agent	t's Signature	
CLE III - Registered Agent, imited Liability Company can business entity with an activ	Registered Office, & unit serve as its own Reference Florida registration.	Registered Agent Registered Agent, Y	t's Signature	
CLE III - Registered Agent, imited Liability Company can	Registered Office, & unit serve as its own Reference Florida registration.	Registered Agent Registered Agent, Y	t's Signature	
CLE III - Registered Agent, imited Liability Company can business entity with an activ	Registered Office, & unit serve as its own Reference Florida registration.	Registered Agent Registered Agent, Y	t's Signature: (ou must designate an individual	
CLE III - Registered Agent, imited Liability Company can business entity with an activ	Registered Office, & mot serve as its own R e Flonds registration. The registered a DOUGLAS	Registered Agent Registered Agent, Y	t's Signature: (ou must designate an individual	
CLE III - Registered Agent, imited Liability Company can business entity with an active me and the Florida street add:	Registered Office, & unot serve as its own Reference Florida registration. The serve of the registered a DOUGLAS	Registered Agent, Y Registered Agent, Y Regent are: R MURILLO SAN Name	t's Signature: (ou must designate an individual	
CLE III - Registered Agent, imited Liability Company can business entity with an active me and the Florida street add:	Registered Office, & unot serve as its own Reference Florida registration. Tess of the registered a DOUGLAS	Registered Agent, Y Registered Agent, Y Regent are: R MURILLO SAN Name	t's Signature: (ou must designate an individual	
CLE III - Registered Agent, imited Liability Company can business entity with an active me and the Florida street add:	Registered Office, & unot serve as its own Reference Florida registration. The serve of the registered a DOUGLAS	Registered Agent, Y Registered Agent, Y Regent are: R MURILLO SAN Name	t's Signature: (ou must designate an individual	

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. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all standers 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 405, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	authorized to manage and control the Elmited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	DOUGLAS R MURILLLO SANCHEZ 1600 NW 30 ST MIAMI, FL 33142
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
the date of filling.)	e of filing: 02/15/2023 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed a t of State's records
ARTICLE VI: Other provisions, if any,	,
	N/A
REQUIRED SIGNATURE:	Qr.
I am aware that any fais	ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State of Flory as provided for in \$ 817.155, F.S.
	DOUGLAS R MURILLO SANCHEZ Typed or printed name of signee