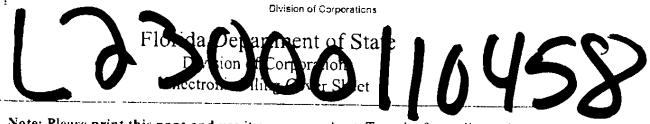
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FLORIDA LIMITED LIABILITY CO. INVECAF LLC

Certificate of Status	0
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1: : :

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ne name of the	Limited Liability Company is:		
INVE	SCAF LLC		
/	(Must contain the words "Limited L	ability Company, "L.L.C.," or "LLC, ")	
RTICLE 11 -			
ne mailing addr	ess and street address of the principal of	fice of the Limited Liability Company is:	
	Principal Office Address:	Mailing Address:	
5600	SW 135 AVE, SUITE 106R	5 600 SW 135 AVE, SUITE 106R	
MIAN	41, FL 33183	MIAMI, FL 33183	
he Limited Lial	Registered Agent, Registered Office, pility Company cannot serve as its own R ith an active Florida registration.)	& Registered Agent's Signature: egistered Agent. You must designate an individual or	anoti
he Limited Lial siness entity w	pility Company cannot serve as its own R	egistered Agent. You must designate an individual or	апоц
he Limited Lial siness entity w	pility Company cannot serve as its own R ith an active Florida registration.) Florida street address of the registered a	egistered Agent. You must designate an individual or	апоц
he Limited Lial siness entity w	pility Company cannot serve as its own R ith an active Florida registration.) Florida street address of the registered a WEST KENDALL RE	egistered Agent. You must designate an individual or agent are:	апоц
he Limited Lial siness entity w	pility Company cannot serve as its own R ith an active Florida registration.) Florida street address of the registered a WEST KENDALL RE	egistered Agent. You must designate an individual or igent are: GISTERED AGENTS INC	апой
he Limited Lial siness entity w	pility Company cannot serve as its own R ith an active Florida registration.) Florida street address of the registered a WEST KENDALL RE 5600 SW 135 AVE, SUI	egistered Agent. You must designate an individual or igent are: GISTERED AGENTS INC	anot

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

State

Zip

City

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..

Gabriel S Diaz-Sarmiento

Registered Agent's Signature (REOUTRED)

	(CONTINUED)
ARTICLE IV-	
The name and address of each person	authorized to manage and control the Limited Liability Company;
<u>Title:</u> "AMBR" ≈ Authorized Member "MGR" = Manager	Name and Address:
AMBR	CARLOS CHAVES ABEDAT 5600 SW 135 AVE. SUITE 106R MIAMI, FL 33183
AMBR	MARIA FERNANDA GULFO ABDALA
	5600 SW 135 AVE, SUITE 106R MIAMI, FL 35183
MGR	DIAZ-SARMIENTO. GABRIEL
<u> </u>	5600 SW 135 AVE. SUITE 106R
	MIAMI, FL 33183

(Use attachment if necessary)	
ARTICLE V. Effective date, if other than	the date of filing: (OPTIONAL)
date of filing.)	t be specific and cannot be more than five business days prior to or 90 days after the es not meet the applicable statutory filing requirements, this date will not be listed as rement of State's records.
ARTICLE VI: Other provisions, if any.	
	
<u>REOUIRED</u> SIGNATURE:	Gabriel 5 Diaz-Sarmiento

Signature 6 a member or an authorized representative of a member. This document is executed in accordance with section 605.9203 (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.

GABRIEL S. DIAZ-SARMIENTO - MGR

Typed or printed name of signee