Division of Corporations

L23000174664

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.

(((H23000135782 3)))

H230001357823ABC+

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 : I20100000089
    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.
5091 NW 7 ST TS-08, LLC

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

RECEIVED 2023 APR 11 PH 4:09

FILED 23 AM 12:21 SECRETARY OF STATE 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:

5091 NW 7 ST TS-08, 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:

5091 NW 7th St Unit TS-08
Miami, FL 33126

Mailing Address:

2100 Ponce De Leon Blvd Suite 1240
Coral Gables FL 33134

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:

Ernesto Diaz
                              Name

2100 Ponce De Leon Blvd Suite 1240
Florida street address (P.O. Box **NOT** acceptable)

Coral Gables   FL   33134
        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.

Ernesto Diaz

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR _____

ERNESTO DIAZ
1200 PONCE DE LEON BLVD SUITE 1240
CORAL GABLES, FL 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the 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.

_____

_____

_____

REQUIRED SIGNATURE:

Ernesto Diaz

_____
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.

ERNESTO DIAZ
_____
Typed or printed name of signee