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Division of Corporations



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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. **DUBO LLC**

3:33

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

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Electronic Filing Menu

Corporate Filing Menu

Help

	ARTICLES OF ORGANIZATION FO	OR FLORIDA LL	MITED LIABILITY COMPANY
ARTICLE 1-	Name:		
The name of th	e Limited Liability Company is:		
Di	20110		
<u>DU</u>	Must contain the words will in its	411 1111 0	
	(Must contain the words "Limite	o Clability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II	Address:		
The mailing ad	dress and street address of the principa	office of the L	imited Liability Company is:
	• •		
	Principal Office Address:		Mailing Address:
446	6 W WHITEWATER AV		ASSA W. WILLITEW ATTER AND
	STON, FL 33332		WESTON, FL 33332
			WESTON, FE 33332
(The Limited L another busine	- Registered Agent, Registered Office inbility Company cannot serve as its owner as entity with an active Florida registra the Florida street address of the register	vn Registered A tion.)	d Agent's Signature: gent. You must designate an individual or
	The state of the register	co agem are.	
	<u>borrero,fran</u>	CISCO	
		Name	
	4466 W WHITEW	ATER AV	
	Florida street addn		i(YT acceptable)
	i forfda su eet addi	C35 (1 .O. DOX <u>B</u>	arepaole)
	WESTON	FL	33332
	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..

Francisco Borrero

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	•
AMBR	BORRERO, FRANCISCO
	4466 W WHITEWATER AV WESTON, FL 33332
AMBR	SALAZAR SARA M
	4466 W WHITEWATER AV WESTON, FL 33332
	WESTON LESSES
(lice attachment if accesses)	
ective date is listed, the date mi	the date of filing:
EV: Effective date, if other than extive date is listed, the date mit of filing.)	ist be specific and cannot be more than five business days prior to or 90 di ocs not meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than extive date is listed, the date must of filing.) I the date inserted in this block diment's effective date on the Dep	ist be specific and cannot be more than five business days prior to or 90 di ocs not meet the applicable statutory filing requirements, this date will not be partment of State's records.
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E V: Effective date, if other than extive date is listed, the date must of filing.) I the date inserted in this block diment's effective date on the Department's effective date in this date in the Department's effective date in this date in the Department's effective date on the Department's ef	Francisco Borrero of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.