May 24 2023 17:15 HP 5/24/23, 3:20 PM



Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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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. CHOICE DEVELOPMENT GROUP LLC

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

(D)

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITIED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability	Company is:	
CHOICE DEVELOP	MENT GROUP LLC	
(Must conta	n the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street ad-	iress of the principal office o	of the Limited Liability Company is:
Princips	Office Address:	Mailing Address:
2145 NW 27th AVE.,	MIAMI, FL 33142	2145 NW 27th AVE., MIAMI, FL 33142
<del></del>		
ARTICLE III - Registered Ages		gistered Agent's Signature: tered Agent. You must designate an individual or
another business entity with an ac		nered Agent. For men tensignate an instrument of
The name and the Florida street a	Ideas of the societas decom	1000
The fibric and the Froncis success	renews of effect efficiency affects	inc.
	CARLOS E BETANCOUR	<u> </u>
	Nam	ne e
	2145 NW 27th AVE.	

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..

City

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

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

SECRETARY 24 PM 1:40

Ø)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR / MGR	CARLOS E BETANCOURT
	2145 NW 27th AVE. MIAMI, FL 33142
	3314 15331 4.22 32 3 7 4
AMBR / MGR	ISMAEL TELFEJA
	2145 NW 27th AVE.
	MIAMI, FL 33142
(Use attachment if necessary)	
CLE V: Effective date, if other than teffective date is listed, the date muste of filing.)	the date of filing. JUNE 1 st 2023 (OPTIONAL) at be specific and cannot be more than five business days prior to or 90 d es not meet the applicable statutory filing requirements, this date will not business of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)  If the date inserted in this block document's effective date on the Department's	at he specific and cannot be more than five business days prior to or 90 d es not meet the applicable statutory filing requirements, this date will not b
CLE V: Effective date, if other than tellective date is listed, the date muste of filing.)  If the date inserted in this block document's effective date on the Department's other provisions, if any.  REQUIRED SIGNATURE:	at he specific and cannot be more than five business days prior to or 90 d es not meet the applicable statutory filing requirements, this date will not b

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)

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