8/7/23, 2:09 PM

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP Account Number : 120100000009 Phone : (305)599-2839 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.

J.M.F. Investments II, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

AKTICLESOF	URGANIZATION FORF.	LOKUA UMIT	EU LIABILITY COMPANY
ARTICLE I - Name:			
The name of the Limited Liabilit	y Company 15:		
11/5 to	***		
J.M.F. Investments II			
(Must cont	ain the words "Elmited Li	iability Compai	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street ac	lares of the oringinal of	San af the Limit	and the Education Community
. The manning actions and street ac	iciess of the principal off	ace of the Citil	led Hability Company is
Principa	d Office Address:		Mailing Address:
			*
1740 SW 1st Street			740 SW 1st Street
Miami, FL 33135		<u> </u>	fiami, FL 33135
			
ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a The name and the Florida street a	cannot serve as its own R ctive Florida registration iddress of the registered 2	Registered Ager .)	gent's Signature: nt. You must designate an individual cr
	Margarita Fernandez		
		Name	
	1740 SW 1st Street		
	Fiorida street address ((P.O. Box <u>NO</u>)	[acceptable)
	Miami	FL	33135

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.:

State

City

Registered Agent's Signature (REQUIRED)

 $Z_{1}p$

(CONTINUED)

ARTICLE IV-

<u>Title:</u> "AMBR" = Authorized Member	Same and Address:
"MGR" = Manager	
<u>AMBR</u>	Markarita Fernandez
	1740 SW 1st Street Miann, FL 33135
AMBR	Juan C. Fernandez
	1740 SW 1st Street
	Miami, FL 33135
(Use attachment if necessary)	
EV: Effective date, if other than ective date is listed, the date must of filing.)	es not meet the applicable statutory filling requirements, this date will no
EV: Effective date, if other than ective date is listed, the date mus of filing.) The date inserted in this block do	at be specific and cannot be more than five business days prior to or 90 cs not meet the applicable statutory fitting requirements, this date will no
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