Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

Erom:

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. ELITE POWER UP, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

2nd Request

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ELITE POWER				
(Must c	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stre	et address of the principal	office of the Limited	Liability Company is.	
Prin	ncipal Office Address:		Mailing Address:	
13944 SW 8TH S	STREET	SAN	IE	
MIAMI, FL 3318	34			2023
				(T)
ARTICLE III - Registered The Limited Liability Computation of the business entity with	any cannot serve as its ow	n Registered Agent.	it's Signature: You must designate an individual or	- 28 ST - 5
The Limited Liability Comp nother business entity with	any cannot serve as its ow an active Florida registrati	n Registered Agent. ' on.)		
The Limited Liability Comp	any cannot serve as its ow an active Florida registrati	n Registered Agent. ' on.) id agent are:		\$75 - 5
The Limited Liability Comp nother business entity with	eany cannot serve as its ow an active Florida registrati ect address of the registere	n Registered Agent. ' on.) id agent are:		SEP -5 PH
The Limited Liability Comp mother business entity with	eany cannot serve as its ow an active Florida registrati ect address of the registere	n Registered Agent. Von.) ad agent are: O Name		STP - 5 PM 3: -
The Limited Liability Computor business entity with	eany cannot serve as its ow an active Florida registration cet address of the registers YAISSER BLANCO 13944 SW 3TH STE	n Registered Agent. Von.) ad agent are: O Name	You must designate an individual or	STP - 5 PM 3: -
The Limited Liability Computor business entity with	eany cannot serve as its ow an active Florida registration cet address of the registers YAISSER BLANCO 13944 SW 3TH STE	n Registered Agent. Von.) Id agent are: O Name	You must designate an individual or	STP - 5 PM 3: -

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 603, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Mer "MGR" = Manager	Name and Address:
AMBR	YAISSER BLANCO 13944 SW 8TH STREET MIAMI FL.33184
	
effective date is listed, the date te of filing.)	must be specific and cannot be more than five business days prior to or 90 di
CLE VI: Other provisions, if any	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)