

9/26/23, 9:31 AM

Division of Corporations

L23000444837

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP
Account Number : 120100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

S. CHATHAM
SEP 26 2023

****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.
CCOONE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CCOONE 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:

Mailing Address:

5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183

5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183

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:

WEST KENDALL REGISTERED AGENTS, INC.

Name

5600 SW 135 AVE, SUITE 106R

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

MIAMI, FL 33183

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGRM

CURE GARCIA, FAISAL J
5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183

MGRM

CURE, PAOLA
5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183

MGRM

CURE GARCIA, NATALIA A.
5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183

MGRM

CURE, CARLOS
5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183

* (Use attachment if necessary) — 7 officers in total

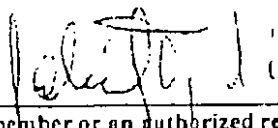
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

GABRIEL S. DIAZ-SARMIENTO, CPA

Typed or printed name of signee

ARTICLE IV (CONTINUATION)

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:

MGRM _____

OSORIO DOMINGUEZ, CARLOS ALBERTO
5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183

MGRM _____

OSORIO DOMINGUEZ, SUSANA
5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183

MGR _____

DIAZ-SARMIENTO, GABRIEL SERGIO
5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183

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