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Division of Corporations

**L23000486681**  
Florida Department of State  
Division of Corporations  
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To:  
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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.  
SRD PROPERTY MANAGEMENT CONSULTING, LLC**

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

T.J.H

10/26/23

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SRD PROPERTY MANAGEMENT CONSULTING, 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:

1505 S.W. 12 St  
Miami FL 33135

1505 S.W. 12 St  
Miami FL 33135

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:

EUMELIA ALVAREZ  
Name

1505 S.W. 12 St  
Florida street address (P.O. Box **NOT** acceptable)

MIAMI                      FLORIDA                      33135  
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.*

EUMELIA ALVAREZ  
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:**

EUMELIA ALVAREZ

1505 S.W. 12 St  
Miami FL 33135

NAPOLEON ALVAREZ

1505 S.W. 12 St  
Miami FL 33135

ARTICLE V: Other provisions, if any.

**REQUIRED SIGNATURE:**

EUMELIA ALVAREZ

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.

EUMELIA ALVAREZ

Typed or printed name of signee

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