

2/26/24, 2:35 PM

Division of Corporations

L24000095416

Florida Department of State
Division of Corporations
Electronic 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)599-0839
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.
PALOMINO ORTIZ LLC

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

T. SCOTT

FEB 27 2024

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PALOMINO ORTIZ 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:14155 WEST DIXIE HIGHWAY APT 2
MIAMI FL 33165Mailing Address:14155 WEST DIXIE HIGHWAY APT 2
MIAMI FLORIDA 33165

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:

ADRIANA PALOMINO

Name

14155 WEST DIXIE HIGHWAY APT 2Florida street address (P.O. Box NOT acceptable)MIAMI

City

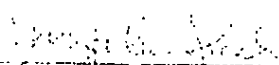
FL

State

33165

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.



 Registered Agent's Signature (REQUIRED)

(CONTINUED)

 DD
 2024 FEB 26 PM 5:00
 14155 WEST DIXIE HIGHWAY APT 2
 MIAMI FL 33165

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:

AMBR _____

ADRIANA PALOMINO SANCHEZ
14155 WEST DIXIE HIGHWAY #2
MIAMI FL 33161

AMBR _____

IVAN DARRI ORTIZ VARGAS
14155 WEST DIXIE HIGHWAY #2
MIAMI FL 33161

(If attachment, if necessary)

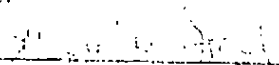
ARTICLE V: Effective date, if other than the date of filing, _____ (OPTIONAL)

(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.

Adriana Palomino Sanchez

Typed or printed name of signer