

L24000166318

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000121201 3)))



H240001212013ABCN

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

*2nd Request.*

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.  
MM HARRY LLC

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

*We did list each MGRM in each Name and address.*

*There are only 2 MGRM and 1 MGR.*

Electronic Filing Menu

Corporate Filing Menu

Help

*AB Ana-Cristina is the first name and Harry-Jaramillo is last name.  
Maria-Adelaide is the first name and Harry-Jaramillo is last name.*



April 11, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FASTKIT

SUBJECT: MM HARRY LLC  
REF: W24000053371

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

List each MGRM in each Name and Address info. You may send an attachment if necessary.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neyssa Culligan  
Regulatory Specialist III

FAX Aud. #: H24000121201  
Letter Number: 724A00007135

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MM HARRY 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:**

5600 SW 135 AVE, SUITE 106R

MIAMI, FL 33183

**Mailing Address:**

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 603, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

HARRY-JARAMILLO, ANA-CRISTINA  
3600 SW 135th AVE, Suite 106R Miami FL 33183

MGRM

HARRY-JARAMILLO, MARIA-ADELAIDA  
3600 SW 135th AVE, Suite 106R Miami FL 33183

MGR

DIAZ-SARMIENTO, GABRIEL  
3600 SW 135th AVE, Suite 106R Miami FL 33183

(Use attachment if necessary)

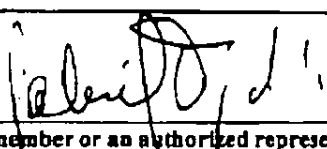
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

GABRIEL S DIAZ-SARMIENTO - MGR

Typed or printed name of signee