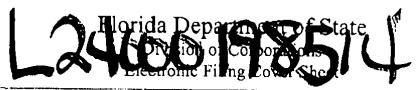
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

 \mathcal{C}

Account Name : FASTKIT CORP Account Number : I2010000009 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. SHJW INVESTMENT LLC

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

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name	A	RT	\mathbf{IC}	LE.	1 -	No	me
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The name of the Limited Liability Company is:

SHUW INVESTMENT 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	5600 SW 135 AVE, SUITE 106R
MIAMI, FL 33183	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 AGE	NTS INC
-	Name	
5600 SW 135 AVE.	SUITE 106R	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
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.

GABRIEL S. DIAZ-SARMIENTO

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	GUALTEROS LOPEZ, HENRY
	5600 SW 135 AVE. SUITE 106R
	MIAMI, FL 33183
AMBR	CHALTEROON COOPERATOR TO CO
THAT	GUALTEROS LOPEZ, MARLEN JULIETH 5600 SW 135 AVE SUITE 106R
	MIAMI, FL 33183
MGR	DIA 7 SADI UDVITO, OLDOURI
MON	DIAZ-SARMIENTO, GABRIEL S. 5600 SW 135 AVE, SUITE 106R
	MIAMI, FL 33183
Use attachment if necessary)	
V: Effective date, if other than the c	ate of filing: (OPTIONAL)
filling.)	specific and cannot be more than five husiness days prior to or 90 d
he date inserted in this block does no	ot meet the applicable statutory filing requirements, this date will not b
ent's effective date on the Departme	ent of State's records.
VI: Other provisions, if any.	
 -	
EOUIRED 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

WIND C- ABMILL