

8/15/24, 2:57 PM

Division of Corporations

*(Handwritten: H 8.16.24)*

Florida Department of State

Division of Corporations

**L24000352213**

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.

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To:

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

From:

Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305)599-0839  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

*(Vertical stamp: 2024 AUG 15 PM 3:49)*

FLORIDA LIMITED LIABILITY CO.

C. D. PROPERTY, LLC

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

*(Vertical stamp: 24 AUG 16 AM 8:26)*

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

C. D. PROPERTY, 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:**

1210 WEST BROAD ST.  
GROVELAND, FL 34736

**Mailing Address:**

630 FOSLER AVE.  
WINTER GARDEN, FL 34787

**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:

CABANAS & ASSOCIATES, P.A.

Name

8350 NW 52ND TERRACE - STE. #208

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

DORAL

FL

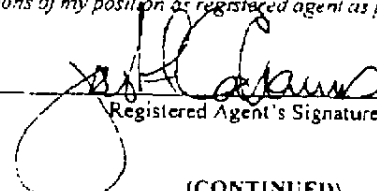
33166

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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

24 AUG 16 AM 8:26

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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:**

AMBR

JOSE M. CORTES  
1210 WEST BROAD ST  
GROVELAND, FL 34736

AMBR

FLORINDA DIAZ  
1210 WEST BROAD ST  
GROVELAND, FL 34736

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A

(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.

N/A

**REQUIRED SIGNATURE:**

Jose M Cortes Florinda Diaz

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.

JOSE M. CORTES

Typed or printed name of signer

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DEPARTMENT OF STATE  
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