

# L24000373477

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FASTKIT CORP  
Account Number : I201000000009  
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.  
HOMA LLC

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

2024 AUG 27 PM 2:00  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOMA 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:

16485 Collins Ave Apt 1731

16485 Collins Ave Apt 1731

Sunny Isles, FL 33160

Sunny Isles, FL 33160

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:

HORACIO ROSITO

Name

16485 Collins Ave Apt 1731

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

Sunny Isles

FL

33160

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..*

[Signature]  
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:**

\_\_\_\_\_  
MGR

\_\_\_\_\_  
HORACIO ROSITO  
\_\_\_\_\_  
16485 Collins Ave Apt 1731  
\_\_\_\_\_  
Sunny Isles, FL 33160

\_\_\_\_\_  
MGR

\_\_\_\_\_  
MARINA GOERNER  
\_\_\_\_\_  
16485 Collins Ave Apt 1731  
\_\_\_\_\_  
Sunny Isles, FL 33160

\_\_\_\_\_

\_\_\_\_\_

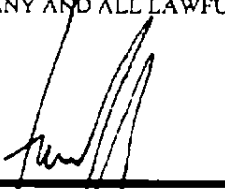
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**ARTICLE V: PURPOSE**

ANY AND ALL LAWFUL BUSINESS

**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.

\_\_\_\_\_  
HORACIO ROSITO

Typed or printed name of signee

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