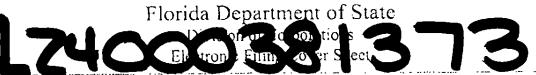
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Division of Corporations



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 : (305)599-0839 Phone : (305)592-9591 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email accress please. **

Email Address:___

FLORIDA LIMITED LIABILITY CO. **BUSINESS GENERATION LLC**

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	EI-	Name:
--------	-----	-------

The name of the Limited Liability Company is:

BUSINESS GENERATION LLC

Miles distriction of the control of

(Must comain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The inailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5600 SW 135TH AVE, STE 106R MIAMI, FL 33183 5600 SW 135TH AVE, STE 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 135TH AVE., STE 106R

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

MIAMI

FL

33183

City

State

Zip

Having been named as registered again 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 again 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 again as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

24 SEP -4 PM 10: 33

. . . .

"AMBR" = Authorized Memb "MGR" = Manager	Name and Address:
AMBR	LUIS ALFREDO CHAPRRO MUNOZ 5600 SW 135TH AVE. STE 106R MIAMI. FL 33183
AMBR	JORGE ALFREDO CHAPARRO GAMBOA 5600 SW 135TH AVE. STE 106R MIAMI, FL 33183
AMBR	ALEXANDRA SOFIA CHAPARRO GAMBOA 5600 SW 135TH AVE, STE 106R MIAMI, FL 33183
(Use attachment if necessary)	
CLEV: Effective date, if other that effective date is listed, the date mate of filling.)	in the date of filing: <u>SEPTEMBER 3, 2024</u> . (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be partment of State's records.
CLEV: Effective date, if other that effective date is listed, the date mate of filling.) If the date inserted in this block d	ust be specific and cannot be more than five business days prior to or 90 da
CLEV: Effective date, if other that effective date is listed, the date in the of filling.) If the date inserted in this block document's effective date on the Dept.	ust be specific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other that effective date is listed, the date made of filling.) If the date inserted in this block document's effective date on the Department of t	ust be specific and cannot be more than five business days prior to or 90 da

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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