

**L24000430266**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
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Account Name : FASTKIT CORP  
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SECRETARY OF STATE  
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.  
VASSOLI 314, LLC**

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

2024 OCT 10 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

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Electronic Filing Menu

Corporate Filing Menu

Help

Re:  
The  
Notarized

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VASSOLI 314, 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:

1695 NW 110 AVENUE  
SUITE 317  
MIAMI, FL 33172

Mailing Address:

1695 NW 110 AVENUE  
SUITE 317  
MIAMI, FL 33172

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.

LAW OFFICES OF OSCAR J RODRIGUEZ, PA

Name

3850 BIRD ROAD, SUITE 801

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

MIAMI

FL

33146

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)

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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:**

MGR

ELZA VASCONCELLOS  
1695 NW 110 AVENUE, SUITE 317  
MIAMI, FL 33172

MGR

FLAVIO AMED SOLIZ  
1695 NW 110 AVENUE, SUITE 317  
MIAMI, FL 33172

(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.

THE COMPANY IS A MANAGER-MANAGED ENTITY. EITHER MANAGER HAS THE AUTHORITY TO BIND  
THE COMPANY.

**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.

OSCAR J. RODRIGUEZ, AUTH. REP.

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fees:**

\$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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