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Division of Corporations

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.
DONA VIRGIN LLC

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

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Corporate Filing Menu

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October 24, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP
2925 PIERCE STREET APT 11
HOLLYWOOD, FL 33020

SUBJECT: DONA VIRGIN LLC
REF: W24000145074

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If the corporation's board of directors revoked the dissolution authorized by the shareholders, a statement that the revocation was permitted by action of the board of directors alone is required to be contained in the document.

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Meikel Swatts
Regulatory Specialist II
New Filing Section

FAX Aud. #: E24000353939
Letter Number: 624A00023543

P.O. BOX 6327 - Tallahassee, Florida 32314

2024 OCT 24 PM 4:10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DONA VIRGIN, 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:2925 PIERCE STREET APT 11HOLLYWOOD FL 33020Mailing Address:2925 PIERCE STREET APT 11HOLLYWOOD FL 33020

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:

MILEYCI SUAREZACOSTA

Name

2925 PIERCE STREET APT 11Florida street address (P.O. Box **NOT** acceptable)HOLLYWOODFL33020

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.

Mileyci Suarez Acosta

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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR:

Mileyci Suarez Acosta
2925 PIERCE STREET APT. II

HOLLYWOOD, FL 33020

AMBR:

Isnarcis Marrero Suarez
2925 PIERCE STREET APT. II

HOLLYWOOD, FL 33020

AMBR:

Beatriz Marrero Suarez
2925 PIERCE STREET APT. II

HOLLYWOOD, FL 33020

(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:

REQUIRED SIGNATURE:

Mileyci Suarez Acosta

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. 317.135, F.S.

MILEYCI SUAREZ ACOSTA

Typed or printed name of signer