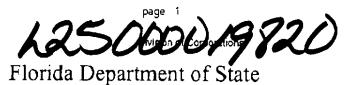
1/10/25, 3:05 PM



Division of Corporations Electronic Filing Cover Sheet

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.

(((H25000012661 3)))



H250000125813ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP Account Number : I20100000009 : (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.

Di Tormo, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

Docusign Envelope ID: 0405EE87-A329-41D8-B9E5-A0DDCF7A81EC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Di Torme		
(Must conti	in the words "Limited	Liability Company, "	'L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street ad	dress of the principal	office of the Limited 1	Liability Company is:
Princips	Office Address:		Mailing Address:
1928 Jefferson Street	#4		
Hollywood, FL 33020			
			
The name and the Florida street a	Carmen Tormo	Name	
	1000 3-66	•	
		[#4	. 11 >
	1928 Jefferson Stree Florida street addres	is (P.O. Box <u>NOT</u> acc	eptable)
	Florida street addres	ss (P.O. Box <u>NOT</u> acc Florida	33020
	Florida street addres Hollywood City	Florida State	33020 Zip
lace designated in this certificate, I orther agree to comply with the pro	Florida street addres Hollywood City gent and to accept serv hereby accept the app visions of all statutes r.	Florida State ice of process for the a wintment as registered elating to the proper a	Zip above stated limited liability company at the lagent and agree to act in this capacity. In a complete performance of my duties, are provided for in Chapter 605, F.S

(CONTINUED)



Docusign Envelope ID: 0405EE87-A329-41D6-B9E5-A0DDCF7A81EC

\$ 5.00 Certificate of Status (Optional)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Carmen Tormo 1928 Jefferson Street #4
	Hollywood, FL 33020
	
(Use attachment if necessary) T.E.V: Effective date, if other than the	e date of filing: (OPTION: AL)
CLEV: Effective date, if other than the ffective date is listed, the date must be of filing.)	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list ment of State's records.
TLE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Depart.	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the ffective date is listed, the date must e of filing.) If the date inserted in this block does nument's effective date on the Depart. LE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list ment of State's records.
CLE V: Effective date, if other than the ffective date is listed, the date must e of filing.) If the date inserted in this block does nument's effective date on the Depart. LE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list ment of State's records.
CLE V: Effective date, if other than the ffective date is listed, the date must e of filing.) If the date inserted in this block does nument's effective date on the Depart. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list ment of State's records.
CLE V: Effective date, if other than the ffective date is listed, the date must e of filing.) If the date inserted in this block does nument's effective date on the Depart. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any	in not meet the applicable statutory filing requirements, this date will not be list ment of State's records. Carment of State's records. The amember of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. To false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the ffective date is listed, the date must e of filing.) If the date inserted in this block does nument's effective date on the Depart. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any	in not meet the applicable statutory filing requirements, this date will not be list the ment of State's records. Armon Jamo a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State
CLE V: Effective date, if other than the ffective date is listed, the date must e of filing.) If the date inserted in this block does nument's effective date on the Depart. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any	a member or an authorized representative of a member. Is a member or an authorized representative of a member. Is a member of submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S. Carmen Tormo
CLE V: Effective date, if other than the ffective date is listed, the date must e of filing.) If the date inserted in this block does nument's effective date on the Depart. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any	carment of State's records.

POZS JAN 10 AMII: 10