

1/14/25, 1:53 PM

Division of Corporations

Florida Department of State

Division of Corporations
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To:

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

S. CHATHAM
JAN 14 2025

From:

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

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2025 JAN 14 PM 2:40

**FLORIDA LIMITED LIABILITY CO.
SERVICES DMS, LLC**

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

PM 6:00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SERVICES DMS, LLC.

ARTICLE II - Address:

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

Principal Office Address:

4995 NW 72nd Avenue, Suite #205
Miami, FL 33166

Mailing Address:

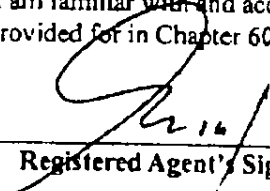
4995 NW 72nd Avenue, Suite #205
Miami, Florida 33166

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

WOBPINC, INC.
4995 NW 72nd Avenue, Suite #205
Miami, Florida 33166

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.



Registered Agent's Signature

2025 JUN 14 PM 1:38
STATE OF FLORIDA
SECRETARY OF STATE

ARTICLE IV – Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:

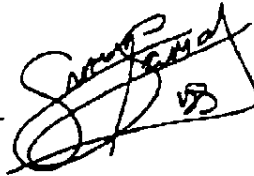
AMBR

Name and Address

SIMON J SOUSA DE SOUSA

4995 NW 72nd Avenue, Suite #205
Miami, FL 33166

REQUIRED SIGNATURE: _____



Signature of member or an authorized representative of a member

(In accordance with section 605 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Simón Jose Sousa de Sousa

Typed or printed name of signed

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SECURITY
1411 PAV. ST
MIAMI, FL