page 1

4/2/25, 1:38 PM

**Division of Corporations** 

## Florida Department of State Division of Corporations

Electronic Filing Cover Sheet



To:					
	Division of	Corporations			
	Fax Number	: (850)617-6381			
From:					
	Account Name	: FASTKIT CORP			
	Account Numb	er : I2010000009		$\sim$	
	Phone	: (305)599-0839		07	·- ·
	Fax Number	: (305)592-9591		2025 744	
<pre>**Enter</pre>	the email addr	ress for this busines	s entity to be u	ised for future	3 1 4
anr	ual report ma	ilings. Enter only on	e email acdress	please.**	
Ema	11 Address:				RECEIVE
				r	20
				- <u>-</u>	ယ္ က်ာ္က
	FLOR	RIDA LIMITED LL	ARILITY CO	•	Ψ
	350 BII	LTMORE WAY HO	DLDINGS, LLO	<u> </u>	
	Certificate	of Status	0		
	Certified C	Copv			
	Page Coun	t	02	t	
	Estimated		\$155.00		
	Los marca	Charge	3135.00		
				1	•
				01: 	
·····					•
				······································	
				61 či	
El		<b>A</b>		<u>ت</u>	
Electronic F	Electronic Filing Menu Corporate Filing Menu			Help	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limited Liability Company is:

## 550 BILTMORE WAY HOLDINGS, LLC

ARTICLE II - Address The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	
---------------------------	--

2766 NW 62 St. Miami, FL 33147 Mailing Address: 2766 NW 62 St.

2766 NW 62 St. Miami, FL 33147

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:

Alexis Agreda 8900 Coral Way, Ste. 102 Miami, FL 33165

Having been named as registered agent 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 603, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

.... C:

page 3

ARTICLE IV -The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager

Rene Gonzalez 2766 NW 62 St. Mlami, FL 33147 Title: MGR

Raymond Gonzalez 2766 NW 62 St. Miami, FL 33147 Title: MGR

Alexia Agreda 8900 Coral Way, Ste. 102 Miami, FL 33165 Title: AMBR

ARTICLE VI: 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.)

**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.)

> ر . .

Alexis Agreda

Typed or printed name of signee

Page 2 of 2