

1/20/2021

L21000015692  
 Division of Corporations  
 Florida Department of State  
 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.**

(((H21000027015 3)))



H210000270153ABCS

**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  
 Phone : (305)599-0839  
 Fax Number : (305)592-9591

21 JAN 20 PM 5:11  
 ALLIANCE FLORIDA

**\*\*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.  
 LPRD INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	<b>\$155.00</b>

2021 JAN 20 PM 3:28

Electronic Filing Menu

Corporate Filing Menu

Help

**D O'KEEFE**  
 JAN 21 2021

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

**The name of the Limited Liability Company is:**

**LPRD INVESTMENTS 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:**

**5921 NW 176<sup>th</sup> Street – Unit 1  
Hialeah, Florida 33015**

**Mailing Address:**

**5921 NW 176<sup>th</sup> Street – Unit 1  
Hialeah, Florida 33015**

**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:**

**BEHZAD CESAR RAVAN, CPA**

**Name**

**444 BRICKELL AVENUE, SUITE 428**

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

**MIAMI, FLORIDA 33131**

**City, State and Zip**

21 JAN 20 PM 5:11  
FALLASSSEE, FLORIDA

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 (REQUIRED)**

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

Name, address and title:

Diego E. Ezqulaga, Member  
5921 NW 176<sup>th</sup> Street - Unit 1  
Hialeah, Florida 33015

ARTICLE V: Effective date, if other than the date of filing: 1/20/2021 (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.

N/A

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.

Diego E. Ezquiaga

Typed or printed name of signee

21 JAN 20 PM 5: 11  
ALLIANCE OF FLORIDA