

1/13/22, 2:15 PM

Division of Corporations

Florida Department of State

Division of Corporations  
Electronic Filings Coverage

L22000016836

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.

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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

\*\*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.  
EXECULINK, LLC

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

2022 JAN 13 PM 2:26

HL

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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:

**EXECULINK, 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 72 AVENUE SUITE #205  
MIAMI, FLORIDA 33166

**Mailing Address:**

4995 NW 72 AVENUE SUITE #205  
MIAMI, FLORIDA 33166

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

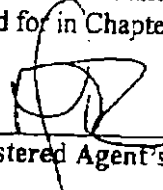
The name and the Florida street address of the registered agent are:

WORLD OFFICE & BUSINESS PLACE, INC.  
4995 NW 72 AVENUE SUITE #205  
MIAMI, FLORIDA 33166

2022 JAN 13 PM 5:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

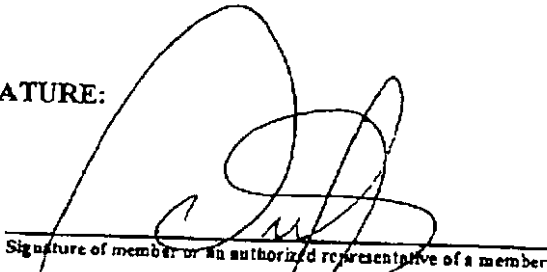
**Title:**

Member Manager

**Name and Address**

NESTOR O DEVOTO  
4995 NW 72 AVENUE SUITE #205  
MIAMI, FLORIDA. 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)

NESTOR O DEVOTO  
Typed or printed name of signed

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JAN 13 PM 5:06

FILED