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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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07 OCT 25 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**ECLIPSE PROPERTY MANAGEMENT, LLC.**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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Help

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

**ARTICLE I -- Name:**

The name of the Limited Liability Company is:

**ECLIPSE PROPERTY MANAGEMENT, LLC.**

**ARTICLE II -- Address:**

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

**Principle Office Address:**

**Mailing Address:**

**9469 SOUTH US HWY 441 UNIT A**

**9469 SOUTH US HWY 441 UNIT A**

**OCALA, FL 34480**

**OCALA, FL 34480**

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

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

**Saul Buchinsky**

**Name**

**9469 South US Hwy 441 Unit A**

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

**Ocala, FL 34480**

**City, State, and Zip**

*Having been named as registered agent and to accept service of process for above stated limited liability company as 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 608, Florida Statutes.*



**Registered Agent's Signature**

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Saul Buchinsky

9469 South US Hwy 441 Unit A

Ocala, FL 34480

MGR

Lisa Jordan

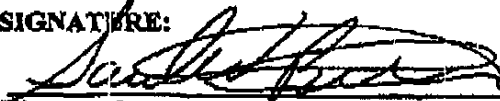
9469 South US Hwy 441 Unit A

Ocala, FL 34480

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

Saul Buchinsky

Typed or printed name of signer

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