

**L08000049592**Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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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**FILED**  
08 MAY 19 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA**FLORIDA/FOREIGN LIMITED LIABILITY CO.****RONED MANAGEMENT, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**RonEd Management, LLC**

**ARTICLE II – Address:**

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

Principal Office Address:

Mailing Address:

4625 Tuscan Dr  
Sarasota, FL 34241

4625 Tuscan Dr  
Sarasota, FL 34241

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

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

Edward Stolarski  
4625 Tuscan Dr  
Sarasota, FL 34241

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*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 608, FRS.*

  
\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

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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:Name and Address:

MGR = Manager

MGRM = Managing Member

MGRM

Ronald J Harvey  
19 Thornbury Pl  
Southampton, NJ 08088

MGRM

Edward Stolarski  
4625 Tuscan Dr  
Sarasota, FL 34241

MGRM

4625 Tuscan DR

Joann Stolarski  
Sarasota, FL 34241

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 the penalties of perjury that the facts stated herein are true.)

Edward Stolarski  
Typed or printed name of signerFILED  
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TALLAHASSEE FLORIDA