

L10000091567

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.

(((H10000194738 3)))



H100001947383ABC0

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) 617-6383

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

RECEIVED
10 AUG 31 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 AUG 31 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.
Fantastic Items, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

C. LEWIS
SEP 1 2010
EXAMINER

FILED

2010 AUG 31 AM 10:07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 1 - NAME:

The name of the Limited Liability Company is:

Fantastic Items, LLC

(Must end with the words "Limited Liability Company" "LLC" or L.L.C")

ARTICLE 11 - Address:

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

Principal Office Address:

Mailing Address:

**6678 S US Hwy 1
Port St Lucie, FL 34952**

**373 SW Todd Avenue
Port St Lucie, FL 34983**

ARTICLE 111 - 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 FL registration.)

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

**Vicki Lush
373 SW Todd Avenue
Port St Lucie, FL 34983**

Having been named as registered agent and to accept service of process for the above state limited liability company at the place designated in this certification, 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, F.S..



Registered Agent's Signature

FILED

2010 AUG 31 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

Vicki Lush
373 SW Todd Avenue
Port St Lucie, FL 34983

ARTICLE V - Effective date, if other than the date of filing: August 30, 2010

(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

(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.)

Vicki Lush

typed or printed name of signee