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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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

waring address.			
	Email Address:		

## FLORIDA LIMITED LIABILITY CO. CRAZY DAISY DOOS, LLC

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\$155.00

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**EXAMINER** 

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLES OF ORGANIZATION FOR FLA	OKIDA LIVITED CIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:		
CRAZY DAISY DOOS, LLC		
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
31651 S LAKE DR	31651 S LAKE DR	
EUSTIS, FL 32736	EUSTIS, FL 32735	
ARTICLE III - Registered Agent, Registered of the Limited Liability Company cannot serve at its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re-	red Agent. You must designate an individual or mether	
	Rivinad again are,	
ASHLEY LAND Name		
31651 S LAKE DE	र	
Florida street adde	oss (P.O. Box <u>NOT</u> acceptable)	
EUSTIS	<sub>FL</sub> 32736	
City, Stat	c, and Zip	
Having been named as registered agent and to a	copt service of process for the above stated limited	

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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILEU

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

Title:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
M <u>ORM .</u>	ASHLEY LAND 31651 S LAKE DR EUSTIS, FL 32736
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the lift an effective date is listed, the date must to or 90 days after the date of filling.)	he date of filing:
REQUIRED SIGNATURE:	20 Dda vol

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. 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 a.817.155, F.S.)

**ASHLEY LAND** 

Typed or printed name of pignet

٠.

Filing Fees:

40.00

\$125,00 Filing Fas for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.09 Certificate of Status (Optional)