

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Michael A. Lauer, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

FEB 28 2012

EXAMINER

2/23/2012

To: Whom It may concern,

2/27/2012

From: Michael Lauer
2434 Madrid Ave
Safety Harbor, FL 34695
727-744-0144

I am Michael A. Lauer, sole owner of Michael A. Lauer P.A. I have stopped using the Corporation named Michael A. Lauer P.A. and have no intentions of ever using that entity again.

I want to register my new LLC named Michael A. Lauer LLC. Please allow my accountant to process the application and register this entity.

Thank you and if you have any questions please feel free to call me.

Michael A. Lauer

Michael A. Lauer

12 FEB 27 AM 8:35
ALL AMERICAN FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Michael A. Lauer, LLC

ARTICLE II – Address:

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

Principal Office Address:

2434 Madrid Ave.
Safety Harbor, FL. 34695

Mailing Address:

P.O. Box 80
Safety Harbor, FL. 34695

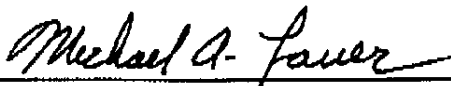
ARTICLE III – Registered Agent, Registered Office & Registered Agents Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration)

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

Michael A. Lauer
2434 Madrid Ave.
Safety Harbor, FL. 34695

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..



Michael A. Lauer, Registered Agent

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:

"Mgr"

Michael A. Lauer
2434 Madrid Ave.
Safety Harbor, FL 34695


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(OPTIONAL)

(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 filing date.)

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. 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 s.817.155, F.S.)

Michael A. Lauer

Typed or printed name of signer

12 FEB 27 AM 8:35
2016
FLORIDA



February 24, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: MICHAEL A. LAUER, LLC
REF: W12000010801

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P06000140265,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #: H12000048955
Letter Number: 812A00007798

RECEIVED
12 FEB 27 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314