

Jul 10 12:03:44p

Fastkit Corp.

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Division of Corporations

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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 : I2010000C009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

2nd Request

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

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FLORIDA LIMITED LIABILITY CO.

Frick In Florida, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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J. SAULSBERRY
EXAMINER

JUL 11 2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Frick In Florida, LLC

ARTICLE II - Address:

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

**121 San Marco Drive
Palm Beach Gardens, Florida 33418**

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

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

William G. Frick
Name

121 San Marco Drive
Florida street address (P.O. Box not acceptable)

Palm Beach Gardens, Florida 33418
City, State and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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, F.S.


Registered Agent's Signature

**Frank A. Ferraro, CPA, PA
3601 SE Ocean Boulevard, Ste. 005
Stuart, Florida 34996
772-283-5001**

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****William G. Frick**

_____**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 the document constitutes an affirmation under penalties of perjury that the facts stated herein are true)

William G. Frick**Typed or printed name of signee.**

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TALLAHASSEE, FLORIDA

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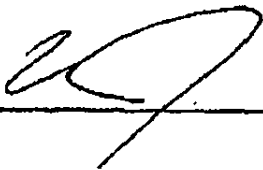
Frank A. Ferraro, CPA, PA
3601 SE Ocean Boulevard, Suite 005
Stuart, Florida 34996
772-283-5001

ARTICLE V - MANAGEMENT (Check if applicable)

X

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)



(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)

William G. Frick

Typed or printed name of signee

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