### 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.

(((H12000241647 3)))



H120002416473ABC

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:

Actount Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839

Fax Number : (305)592-9591

12 OCT -3 AM '8' (

\*\*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. KELLI ELDER CUTRIGHT, LLC.

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

RECEIVED

12 OCT -3 AM 6: 56
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sumbiz.org/scripts/efilcovr.exe

10/3/2012 N. Cuttigan OET = 4 2012

FILED

12 OCT -3 AM 8: 34

SUBBLIARY OF STATE FALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR

#### FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:	
The name of the Limited Liability Company is:	
KELLI ELDER CUTRIGHT, LLC	
ARTICLE II - ADDRESS:	
The mailing address and street address of the principal office of the Limited Liability Comp	any is:
27 Poincians Way	
Ponte Vedra Beach, FL 32082	

#### ARTICLE III - REGISTERED AGENT NAME, OFFICE & SIGNATURE:

The name and Florida street address of the registered agent are

Kelli Elder Cutright 27 Poinciana Way Ponte Vedra Beach, FL 32082

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, Florida Statues.

Registered Agent'\$/Signature

#### ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S):

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

Title:

Name & Address:

Managing Member

Kelli Elder Cutright 27 Poinciana Way Ponte Vedra Beach, FL 32082

Managing Member

Guy Cuddihee 1263 Woodward Avenua Jacksonville, FL 32207

an authorized representative of a member.

Kelli Elder Cutright

(in accordance with section 608.408(3), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

