

Dec 10 12:02:18p

Fastkit Corp.

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p.1

1 of 1

# L12000154393

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 : 120100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

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

Email Address: miami3@msn.com

**FLORIDA LIMITED LIABILITY CO.  
TCM CONSULTANTS, LLC**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2012 DEC 10 AM 9:29

RECEIVED  
12 DEC 10 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
DEC 11 2012  
**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

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

The name of the Limited Liability Company is:

TCM CONSULTANTS, LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**9860 SW 155TH AVE  
MIAMI, FL 33196**Mailing Address:**9860 SW 155TH AVE  
MIAMI, FL 33196**ARTICLE III - 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 Florida registration.)

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

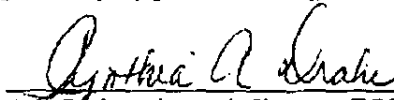
CYNTHIA DRAKE

Name

9860 SW 155TH AVEFlorida street address (P.O. Box NOT acceptable)MIAMIFL 33196

City, State, and Zip

*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)

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DIVISION OF CORPORATE AFFAIRS  
2012 DEC 10 AM 9:29

**ARTICLE IV- Manager(s) or Managing Member(s):**The name and address of each Manager or Managing Member is as follows: **2012 DEC 10 AM 9:29****Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMCYNTHIA DRAKE9860 SW 155TH AVEMIAMI, FL 33196MGRMCANDICE KEMP9860 SW 155TH AVEMIAMI, FL 33196

(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 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. 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.)

CYNTHIA DRAKE

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)