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 future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO.

AMBER'S ASSURANCE, LLC

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

B. BOSTICK

APR - 3 2014

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | d Liability Company is: | |
|--|---|--|
| MBER'S ASSURAN | VCE LLC | |
| (N | Aust and with the words "Line | red Liability Company, "L.L.C.," or "LLC.") |
| RTICLE II - Addres | | • |
| se mailing address an | d street address of the princip | il office of the Limited Liability Company is: |
| rincipal Office Addr | GI; | Mailing Address: |
| 820 SW 28TH EL | | 3820 SW 26TH PL |
| | | |
| DGALA, FL 34474 RTICLE III - Regist The Limited Liability (| Company cannol Jerve as its o | OCALA, FL 34474 ce, & Registered Agent's Signature; wn Registered Agent. You must designate an individual o |
| CALA FL 34474 RTICLE III - Regist he Limited Liability (bother business antity | ered Agent, Registered Offi Company cannot serve as its o with an active Florida registr da street address of the registr | es, & Registered Agent's Signature; wn Registered Agent. You must designate an individual cultur.) |
| CALA FL 34474 RTICLE III - Regist he Limited Liability (wher business entity | Company causes serve as its o with an active Florida registr | es, & Registered Agent's Signature; wn Registered Agent. You must designate an individual cultur.) |
| CALA FL 34474 RTICLE III - Regist The Limited Liability (wither business entity | Company cannot serve as its o with an active Florida registred as street address of the registre AMSER CANTWAY | es, & Registered Agent's Signature; wn Registered Agent. You must designate an individual cultur.) |
| CALA FL 34474 RTICLE III - Regist he Limited Liability (bother business entity he name and the Flori | Company cannot serve as its owith an active Florida registred as street address of the registred AMBER CANTWAY No. 1820 SW 28TH PL | ne, & Registered Agent's Signature; wn Registered Agent. You must designate an individual o tion.) red agent are: |
| RTICLE III - Regist for Limited Liability (nother business entity he name and the Flori | Company cannot serve as its owith an active Florida registred as street address of the registred AMBER CANTWAY | ne, & Registered Agent's Signature; wn Registered Agent. You must designate an individual o tion.) red agent are: |
| RTICLE III - Regist fine Limited Liability (nother business entity the name and the Flori | Company cannot serve as its owith an active Florida registred as street address of the registred AMBER CANTWAY No. 1820 SW 28TH PL | ne, & Registered Agent's Signature; wn Registered Agent. You must designate an individual o tion.) red agent are: |

traving over rames as registered agent and to accept the appointment as registered agent and agree to act in this
the place designated in this certificate, I hereby accept the appointment as registered agent and complete performance
apacity. 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 603, F.S.

Agent's Signature (REQUIRED)

(CONTINUED)

Propositor2

| Title: "AMBR" = Authorized Member | Name and Address: | |
|--|---|----------|
| "MGR" = MANAGOT | | |
| AMBR | AMBER CANTWAY | _ |
| | 3820 SW 28TH PL | - |
| • | DCALA FL 34474 | - |
| | | - |
| | | _ |
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| | | _ |
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| ************************************** | | ~ |
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| (Use attachment if nesessary) | | |
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| ective date is listed, the date must be ap of filing.) & VI: Other provisions, if any. | of filing: (OPTIONAL) ectfic and cannot be more than five business days prior to or | 90 day |
| ective date is listed, the date must be ap at filing.) & VI: Other provisions, if any. | eclfic and cannot be more than five business days prior to or | 90 da |
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| ective date is listed, the date must be ap of fixing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with socion 60 constitutes an affirmation under 1 am aware that any falso information info | maker or an authorized representative of a member. 13.0203 (1) (b), Florida Statutes, the execution of this document on the papalities of perjury that the facts stated herein are true. 13.0203 authorized representative of a member. | |
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| ective date is listed, the date must be aport fixing.) E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a late (In accordance with socilon 60 constitutes an affirmation under 1 am aware that any falso informations a third degree felon. All 18 | people or an authorized representative of a member. 25.0203 (1) (b), Florida Statues, the execution of this document on the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.) YERM THE ALV Typed or printed name of signer Filing Fees: gauization and Designation of Registered Agent | 2017 (3) |