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**Florida Department of State  
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**To:**  
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**From:**  
Account Name : FASTKIT CORP  
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Phone : (305) 599-0839  
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**\*\*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.  
HOSKINS CONSULTING, LLC.**

Certificate of Status	0
Certified Copy	1
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**RECEIVED**

15 JAN 27 AM 10:00

DIVISION OF CORPORATIONS  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JAN 27 PM 2:54

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JAN 29 2015

HOSKINS CONSULTING, LLC.

(NAME OF ORGANIZATION IN FULL)

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

HOSKINS CONSULTING, LLC.

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN CONSULTING AND ANY OTHER SIDELINES HERETO.

PREPARED BY: O. TURNER & COMPANY, ACCOUNTANTS.  
1100 S STATE ROAD 7, STE 200A  
MARGATE, FL 33068  
(954) 970-0006

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**ARTICLE III**

THE INITIAL POST OFFICE ADDRESS OF THIS ORGANIZATION IS  
8839 NW 51<sup>ST</sup> PLACE

CORAL SPRINGS, FL 33067

BROWARD COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY  
MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

**ARTICLE IV**

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF  
PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT  
FOR SERVICE OF PROCESS.

IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN  
COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA  
WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF  
PROCESS. OTHEL TURNER ADDRESS: 1100 S STATE ROAD 7, STE 200A,  
MARGATE, FL 33068.

**ACKNOWLEDGMENT**

HAVING BEEN NAMED BY THE ABOVE ORGANIZATION TO ACCEPT SERVICE OF  
PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT  
IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID  
OFFICE OPEN.

BY: 

ARTICLE V

THE NAMES AND POST OFFICE ADDRESSES OF THE MANAGER OF ORGANIATION:

GEORGE HOSKINS - 8839 NW 51<sup>ST</sup> PLACE, CORAL SPRINGS, FL 33067

MANAGER'S SIGNATURES

*[Handwritten signature of George Hoskins]*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA )  
COUNTY OF LAKE ) SS

BEFORE ME, THE UNDERSIGNED AUTHORITY, DULY AUTHORIZED TO TAKE OATHS AND RECEIVE ACKNOWLEDGMENTS, PERSONALLY APPEARED **GEORGE HOSKINS** APPEARED BEFORE ME THE PERSON(S) DESCRIBED AS SUBSCRIBER(S) IN THE WHO EXECUTED THE FOREGOING ARTICLES OF ORGANIZATION.

WITNESS MY HAND AND SEAL THIS 21 DAY OF January, 2015.

*[Handwritten signature of Nicole C. Neelal]*  
(SIGNATURE OF NOTARY)

NOTARY PUBLIC, STATE OF FLORIDA



NICOLE C. NEELAL  
MY COMMISSION FEE 125000  
EXPIRES: August 28, 2015  
Bonded Thru Budget Notary Services

(SEAL)