

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP
 Account Number : I20100000009
 Phone : (305) 399-0839
 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.
S S and P Property Rentals, LLC

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

RECEIVED
 15 JAN 27 AM 10:00
 DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
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15 JAN 27 PM 2:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

J. Shivers JAN 29 2015

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY

ARTICLE I. NAME

The name of the limited liability company shall be:

S S and P Property Rentals, LLC

ARTICLE II. ADDRESS

The principal place of business of this limited liability company shall be:

3022 Spirit Lake Dr., Winter Haven, FL 33880

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE:

The name and address of the registered agent and office is Mary Williams, 3022 Spirit Lake Dr., Winter Haven, FL 33880

SIGNATURE

Mary Williams

TITLE

Manager

DATE

1-20-15

Prepared by Ronald A. Brown & Associates, P.A.
P. O. Box 999, Winter Haven, FL 33882-0999

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325, Florida Statutes.

SIGNATURE

Mary Williams

DATE

1-20-15

ARTICLE IV. MANAGEMENT

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

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

Title:

Name and Address:

Manager:

Mary Williams

3022 Spirit Lake Dr.

Winter Haven, FL 33880

Manager:

Robert Williams

3022 Spirit Lake Dr.

Winter Haven, FL 33880

Mary Williams

Signature of a member or an authorized representative of
a member.

(In accordance with section 605.0203 Florida Statutes,
the execution of this document constitutes an
affirmation under penalties of perjury that the facts
stated herein are true.)

Mary Williams

Typed or printed name of signee

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TALLAHASSEE, FLORIDA