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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
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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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RECEIVED
15 APR 21 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICE

FLORIDA LIMITED LIABILITY CO.
Custom Designs Kitchen & Bath Remodeling, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

FILED
15 APR 21 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 22 2015

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

Custom Designs Kitchen & Bath Remodeling, LLC

ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

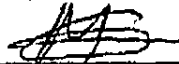
The principal place of business/mailling address is:

1314 E. Tarpon Avenue
Tarpon Springs, FL 34689

ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida Street address of the initial registered agent is: Joel Mario Granado
1314 E. Tarpon Avenue
Tarpon Springs, FL 34689

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 605, F.S..



Signature/Registered Agent

4/20/15

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APR 21 AM 9:29

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ARTICLE IV Manager(s)

The name, title and address of each person authorized to manage and control the Limited Liability Company:

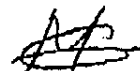
Joel Mario Granado - MGR
1314 E. Tarpon Avenue
Tarpon Springs, FL 34689

ARTICLE V EFFECTIVE DATE

The effective date of this filing:

Immediately upon filing.

Signature of a member or an authorized representative of a member: (In accordance with section 605.0203 (1) (b), 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.817.135, F.S.)



Signature/Incorporator/MGR.

4/20/15

Date

JOEL M. GRANADO
Printed name of Signee