

L15000073333

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H15000102880 3)))



H150001028803ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 APR 27 AM 7:51

FILED

**\*\*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.**

**Air Tight Diagnostic, L.L.C.**

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

REC-1111

15 APR 27 AM 10:00

FLORIDA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS  
INFORMATION SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY

ARTICLE I. NAME

The name of the limited liability company shall be:

Air Tight Diagnostic, L.L.C.

ARTICLE II. ADDRESS

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

551 Ave. K SE, 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 Gerri G. Combee, 5415 Sunset Way North, Lakeland, FL 33805.

SIGNATURE Gerri G. Combee  
TITLE Manager  
DATE 04/29/15

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 APR 27 AM 7:51

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 605, Florida Statutes.

SIGNATURE

Gerri G. Combee

DATE

08/19/15

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

Gerri G. Combee

5415 Sunset Way North

Lakeland, FL 33805

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 APR 27 AM 7:51

FILED

Gerri G. Combee

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.)

Gerri G. Combee

Typed or printed name of signee