

L15000087813

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.

((H15000120573 3)))



H150001205733ABCY

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

****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.

Carly Orr, L.L.C.

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

RECEIVED
15 MAY 18 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 MAY 18 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WAP 5/19/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY

ARTICLE I. NAME

The name of the limited liability company shall be:

Carly Orr, 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 Carly Orr, 551 Ave. K. SE,

Winter Haven FL 33880

SIGNATURE

Carly Orr

TITLE

Manager

DATE

5-14-15

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

FILED
15 MAY 18 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Carly Orr

DATE

5-14-15

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

Carly Orr

551 Ave. K. SE

Winter Haven, FL 33880

FILED
15 MAY 18 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Carly Orr

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.)

Carly Orr

Typed or printed name of signee

FILED

15 MAY 18 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA