Division of Corporations



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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

**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.

JACOBS HOLDING MIDWAY LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - NAME:

The name of the Limited Liability Company is:

JACOBS HOLDING MIDWAY LLC

(Must end with the words "Limited Liability Company" "LLC" or L.L.C")

ARTICLE 11 - Address:

The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address: 360 E. Midway Rd.

Fort Pierce, FL 34982

Mailing Address: 4701 Oleander Ave. Fort Pierce, FL 34982

ARTICLE 111 - Registered Agent, Registered Office & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active FL registration.)

The name and the Florida street address of the registered agent are:

Brenda Jacobs 4701 Oleander Ave. Fort Pierce, FL 34982

Having been named as registered agent and to accept service of process for the above state limited liability company at the place designated in this certification. 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 60.5 F.S..

Registered Agent's Signature

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ARTICLE IV - Manager(s) or Managing Member(s):

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

Title:

Name and Address:

Managing Member

Brenda Jacobs

4701 Oleander Ave. Fort Pierce, FL 34982

Managing Member

John Jacobs

4701 Oleander Avc. Fort Pierce, FL 34982

ARTICLE V - Effective date, if other than the date of filing:.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Required Signature:

Signature of a member or an authorized representative of a member

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

Brenda Jacobs

typed or printed name of signee