Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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

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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.

Email Address:

FLORIDA LIMITED LIABILITY CO.

Scott M. Simon, L.L.C.

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME

The name of the limited liability company shall be: Scott M. Simon, L.L.C.

ARTICLE II. ADDRESS

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

662 51st Ave. North, Saint Petersburg, FL 33703

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

The name and address of the registered agent and office is Scott Simon, 662 51st Ave. North,

Saint Petersburg FL 33703

signature X	Sist 5	SEURETARY	D'INCHES
TITLE	Manager		
DATE	8/18/13		
	1 7 7	7>	

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

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

DATE

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

Scott Simon

662 51st Ave. North

Saint Petersburg, FL 33703

Sist in

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 penalties of perjury that the facts stated herein are true.)

Scott Simon

Typed or printed name of signee

15 AUG 20 AH II: 12 SECRETARY OF STATE TALL AHASSEE, ELORIDA