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Florida Department of State
Division of Corporations
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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
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.
Virtual Time Creator, LLC

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

RECEIVED

15 OCT -1 PM 4:04

TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

15 OCT -1 PM 2:06

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I NAME

The name of the Limited Liability Company is: **Virtual Time Creator, LLC**

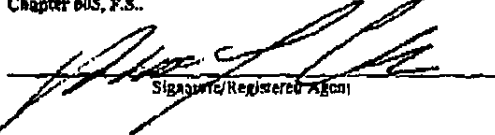
ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/mailling address is: **3399 Mermoor Drive #306
Palm Harbor, FL 34685**

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

The name and Florida Street address of the initial registered agent is: **Melissa Crogle
3399 Mermoor Drive #306
Palm Harbor, FL 34685**

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

9/30/15
Date

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TALLAHASSEE, FLORIDA

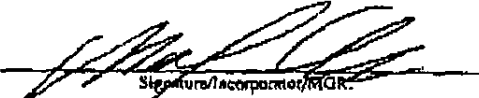
ARTICLE IV Manager(s)

The name, title and address of each person authorized to manage and control the Limited Liability Company:
**Melissa Crogle - Manager
3399 Mermoor Drive #306
Palm Harbor, FL 34685**

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.817.155, F.S.)



Signature/Incorporator/MGR.
Melissa L Crogle

Printed name of Signer

9/30/15
Date