

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.

(((H160000154343)))



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

: (850)617-6381

From:

Account Name : FASTKIT CORP Account Number : 120100000009 : (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:	ł			
			 	 	_

FLORIDA LIMITED LIABILITY CO.

HOLT LAND, LLC

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

FILED

16 JAN 19 PM 1: 21

ANALYSIS FROM CRATE

THE CHARLES FROM CRATE

1.14

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:	
The name of the Limited Liability Compar	ny is:
	HOLT LAND, LLC
ARTICLE II - ADDRESS:	
The physical and malling address of the t	imited Liability Company is:
35	93 Coastal View Drive
Jaci	tsonville Beach, FL 32250

ARTICLE III - REGISTERED AGENT NAME, OFFICE & SIGNATURE:

The name and Florida street address of the registered agent are

Suzanne Holt 3693 Coastal View Drive Jacksonville Beach, Florida 32250

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, Florida Statues.

Registered Agent's Signature

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S):

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

Itle:

Name & Address:

Managing Mamber

Suzanne Holt 3693 Coastal View Drive Jacksonville Beach, FL 32250

Managing Member

Terry Holt 3693 Coastal View Drive Jacksonville Beach, FL 32250

Signature of a member or an anthorized 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.217.155, F.S.)

Typed or printed name of signer

FILED FILED