

**L160000011160**

**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.

(((H16000015076 3)))



H160000150763ABC-

**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) 617-6381

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: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN 20 PM 1:26

APPROVED  
AND  
FILED

**FLORIDA LIMITED LIABILITY CO.**

**EKallevig Transport, LLC**

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



January 20, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FASTRIT CORP

SUBJECT: EKALLEVIG TRANSPORT, LLC  
REF: W16000003835

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

FAX Aud. #: H16000015076  
Letter Number: 516A00001264

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I NAME

The name of the Limited Liability Company is: **EKallevig Transport, LLC**

## ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/mailling address is: 20 Lakeview Court  
Palm Harbor FL 34683

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

The name and Florida Street address of the initial registered agent is: Kenneth E. Kallevig  
20 Lakeview Court  
Palm Harbor FL 34686

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN 20 PM 1:26

APPROVED  
AND  
FILED

## ARTICLE IV Manager(s)

The name, title and address of each person authorized to manage and control the Limited Liability Company:  
Kenneth E. Kallevig, Manager  
20 Lakeview Court  
Palm Harbor FL 34686

## ARTICLE V EFFECTIVE DATE

The effective date of this 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.

  
Printed name of Signer

1/18/16  
Date