

Florida Department of State

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORP
Account Number : 120100000009
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: _____

RECEIVED

16 APR -6 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

Patricia K Gutierrez Schmidt PLLC

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

APR 07 2016

S. GILBERT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **Patricia K Gutierrez Schmidt PLLC**

ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/mailing address is: **15602 Allmand Drive
Hudson, FL 34667**

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

The name and Florida Street address of the initial registered agent is: **Patricia K Gutierrez Schmidt
15602 Allmand Drive
Hudson, FL 34667**

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..

Patricia K Gutierrez Schmidt
Signature/Registered Agent

4/4/16
Date

ARTICLE IV Manager(s)

The name, title and address of each person authorized to manage and control the Limited Liability Company:
**Patricia K Gutierrez Schmidt - Manager
15602 Allmand Drive
Hudson, FL 34667**

ARTICLE V EFFECTIVE DATE

The effective date of this filing: **Immediately upon filing**

ARTICLE VI BUSINESS PURPOSE

The business purpose of this business: **Real Estate Sales - Realtor**

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.917.155, F.S.)

Patricia K Gutierrez Schmidt
Signature/Incorporator/MGR.

Patricia K Gutierrez Schmidt
Printed Name of Signer

4/4/16
Date