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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.****Coburn James, LLC**

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

16 Aug -3 AM 9:07

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380ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
CLERK OF STATE
TALLAHASSEE FLORIDA

ARTICLE I. NAME

The name of the limited liability company shall be:

Coburn James, LLC

ARTICLE II. ADDRESS

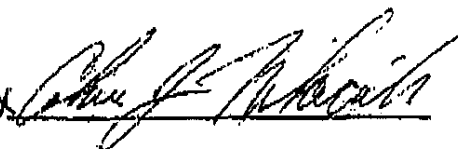
The principal place of business of this limited liability company shall be:

907 Springwood Drive; Orlando, FL 32839

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

The name and address of the registered agent and office is Coburn J. Mikacich, 907 Springwood Drive; Orlando, FL 32839

SIGNATURE



TITLE

Member

DATE

Aug 2, 2016

Prepared by Brown, 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 *Coburn J. Mikacich*

DATE Aug 2, 2016

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:

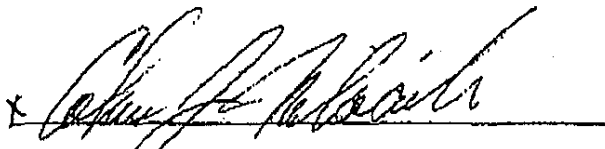
Name and Address:

Manager

Coburn J. Mikacich
907 Springwood Drive
Orlando, FL 32839

Manager

James M. Mikacich
1731 Emory Street
San Jose, CA 95126



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203, Florida Statutes,
the execution of this document constitutes an
affirmation under penalties of perjury that the facts
stated herein are true.)

Coburn J. Mikacich

Typed or printed name of signee