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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FASTKIT CORP
Account Number : 120103000009
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.

Garret Max Upchurch, PLLC

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

17 MAR -9 PM 4:42

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JANUARY 1, 2009

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JANUARY 1, 2009

17 MAR -9 AM 10:26

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ARTICLES OF ORIGATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **Garret Max Upchurch, PLLC**

ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS:

The principal place of business/mailling address is:

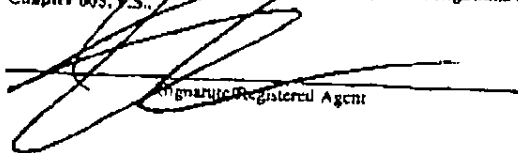
799 Arthurs Court
Tarpon Springs FL 34689

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

The name and Florida Street address of the initial registered agent is:

Garret Max Upchurch
799 Arthurs Court
Tarpon Springs FL 34689

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in my 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

3/9/17
Date

ARTICLE IV Manager(s)

The name, title and address of each person authorized to manage and control the Limited Liability Company:

Garret Max Upchurch - Manager
799 Arthurs Court
Tarpon Springs FL 34689

ARTICLE V EFFECTIVE DATE

The effective date of this filing:

ARTICLE VI BUSINESS PURPOSE

Immediately upon filing

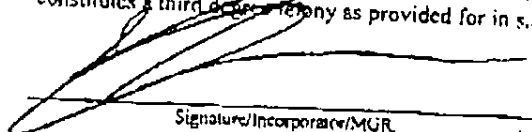
Real Estate Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Garret Max Upchurch
Printed name of Signee

3/9/17
Date