

L17000069259

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) 592-9591FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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****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.

THE STRIP CLUB, LLC

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

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

T. BURCH

MAR 29 2017

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE STRIP CLUB, LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

19801 NORTHWEST 2ND AVENUE
MIAMI GARDENS, FLORIDA 333169

Mailing Address:

2598 EAST SUNRISE BOULEVARD
SUITE 210A
FORT LAUDERDALE, FLORIDA 33304

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ANTHONY BRUNSON, CPA

Name

333 LAS OLAS WAY, CU4

Florida street address (P.O. Box NOT acceptable)

FORT LAUDERDALE FLORIDA 33301

City

State

Zip

CLERK OF STATE
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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. --

Anthony Brunson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV.

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager
MGR

MGR

AMBR

Name and Address:

VERNON TYRONE BURROUGHS II
2598 EAST SUNRISE BOULEVARD SUITE 210A
FORT LAUDERDALE, FLORIDA 33304

SHAVAR D. ALVIN
2598 EAST SUNRISE BOULEVARD SUITE 210A
FORT LAUDERDALE, FLORIDA 33304

BURROUGHS INTERNATIONAL HOLDINGS
2598 EAST SUNRISE BOULEVARD SUITE 210A
FORT LAUDERDALE, FLORIDA 33304

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

VERNON TYRONE BURROUGHS II
Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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