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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.  
Drop N Fill, LLC

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

17 MAY 22 PM 4:44

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May 18, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FASKIT CORP

SUBJECT: DROP N FILL, LLC  
REF: W17000042390

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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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JUAN A REYES  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H17000135502  
Letter Number: 017A00009968

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY

ARTICLE I. NAME

The name of the limited liability company shall be:

Drop N Fill, 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

*Coburn J. Mikacich*

TITLE

Member

DATE

May 16 2017

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 608, Florida Statutes.

SIGNATURE

DATE

#### 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



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