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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

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Account Name : FASTKIT CORP
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FLORIDA LIMITED LIABILITY CO.
Rutherford Consulting, LLC

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

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Corporate Filing Menu

Help



June 19, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP.

SUBJECT: RITHERFORD CONSULTING, LLC
REF: W17000050823

We have received your document for RITHERFORD CONSULTING, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carlos E Rico
Regulatory Specialist II

FAX Aud. #: H17000161629
Letter Number: 917A00012377

ARTICLES OF ORIGATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **Rutherford Consulting, LLC**

ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/mailling address is:

433 Island Cay Way
Apollo Beach FL 33572

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

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

Amber Rutherford
433 Island Cay Way
Apollo Beach FL 33572

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.

Amber Rutherford
Signature/Registered Agent

6/10/17
Date

ARTICLE IV Managers

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

Amber Rutherford - Manager
433 Island Cay Way
Apollo Beach FL 33572

Jared Rutherford - Manager
433 Island Cay Way
Apollo Beach FL 33572

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V EFFECTIVE DATE

The effective date of this filing:

Immediately upon filing.

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.)

Jared Rutherford
Signature/Incorporator/MGR
Jared Rutherford
Printed name of Signer

6/10/17
Date