

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
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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.
MY CABIN, LLC

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

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BUREAU OF COMMERCIAL
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TALLAHASSEE, FLORIDA

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OCT 20 2017

K. Brumbley

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

MY CABIN, LLC.

ARTICLE II - ADDRESS:

The physical address of the Limited Liability Company is:

88 Ponte Vedra Colony Circle
Ponte Vedra Beach, FL 32082

The mailing address of the Limited Liability Company is:

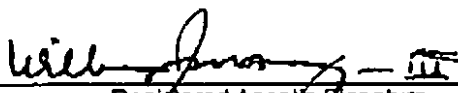
1143 S. Edison Street
Arlington, VA 22204

ARTICLE III - REGISTERED AGENT NAME, OFFICE & SIGNATURE:

The name and Florida street address of the registered agent are

William J. Mangine, III
724 Davis Street
Neptune Beach, Florida 32266

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 805, Florida Statutes.



Registered Agent's Signature

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11.11.11

ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):

The name and address of each Manager or Managing Member is as follows:

Title:

Name & Address:

Managing Member

Christopher Brock
1143 S. Edison Street
Arlington, VA 22204

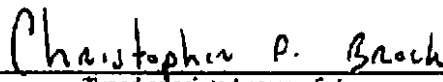
Managing Member

Melissa Parker
1143 S. Edison Street
Arlington, VA 22204



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.)



Typed or printed name of signee