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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (950) 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.
WARD BROTHERS ADVENTURES, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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TALLAHASSEE, FLORIDA

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

ARTICLE I - NAME:

The name of the Limited Liability Company is:

WARD BROTHERS ADVENTURES, LLC.

ARTICLE II - ADDRESS:

The physical and mailing address of the Limited Liability Company is:

42 Surf Drive

St. Augustine, FL 32080

ARTICLE III - REGISTERED AGENT NAME, OFFICE & SIGNATURE:

The name and Florida street address of the registered agent are

Aaron Ward

42 Surf Drive

St. Augustine, FL 32080

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 in Chapter 605, Florida Statutes.



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

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

Title:

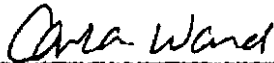
Name & Address:

Managing Member

Aaron Ward
42 Surf Drive
St. Augustine, FL 32080

Managing Member

Carla Ward
42 Surf Drive
St. Augustine, FL 32080



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.)

Carla Ward

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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