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

From:
Account Name : FASTKIT CORP
Account Number : 120100000009
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.****

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2018 JUN 13 AM 9:25

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**SURCORPORATION
COMMERCIAL
INFORMATION SERVICES**

**FLORIDA LIMITED LIABILITY CO.
Beach Wave Apparel, LLC**

| | |
|-----------------------|-----------------|
| Certificate of Status | 0 |
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ARTICLES OF ORIGATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **Beach Wave Apparel, LLC**

ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business and mailing address is:

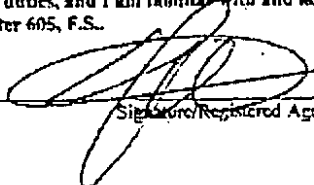
31 West Tarpon Avenue
Tarpon Springs, FL 34689

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

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

Todd Unbehagen
31 West Tarpon Avenue
Tarpon Springs, FL 34689

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.



Signature/Registered Agent

6/8/18

Date

ARTICLE IV Manager(s)

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

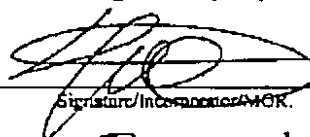
Todd Unbehagen - Manager
31 West Tarpon Avenue
Tarpon Springs, FL 34689

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.817.155, F.S.)



Signature/Member or Authorized Representative
Todd Unbehagen

Printed name of Signer

6/8/18

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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