

L18000183735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

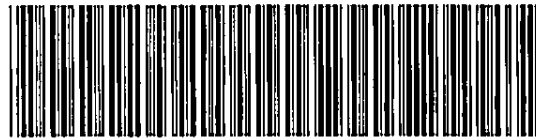
(Document Number)

Certified Copies _____

Certificates of Status _____

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07/30/18--01025--016 **125.00

M. MOON
JUL 31 2018

18 JUL 30 PM 5:53
SILVER
ALL

**Florida Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314**

May 31, 2018

Dear Sir or Madam:

Per our phone conversation Mr Kittay is submitting a new LLC application and this letter stating that he will not reinstate the former LLC L16000125595 that was administratively dissolved and please release the Corporation name to him.

Thank you for your instructions.

Lance Kittay aka Advanced Therapeutic Solutions LLC

18 JUL 30 PM 5:53

No Money

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADVANCED THERAPEUTIC SOLUTIONS LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

11406 HERITAGE WAY
LARGO, FLORIDA 33778

Mailing Address:

11406 HERITAGE WAY
LARGO, FLORIDA 33778

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

LANCE KITTAY

Name

11406 HERITAGE WAY

Florida street address (P.O. Box **NOT** acceptable)

LARGO

FLORIDA

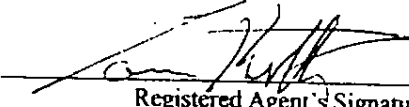
33778

City

State

Zip

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

18 JUL 30 PM 5:54

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

LANCE KITTAY

11406 HERITAGE WAY

LARGO, FLORIDA 33778

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 1, 2018

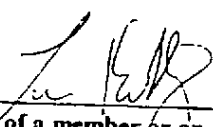
(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

LANCE KITTAY

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)