

Florida Department of State  
Division of Corporations  
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# L18000214397

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

From:  
Account Name : FASTKIT CORP  
Account Number : I20160000003  
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.**  
**Blue Sword Solutions, LLC**

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

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STATE OF FLORIDA  
TALLAHASSEE

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I – Name:

The name of the Limited Liability Company is:

Blue Sword Solutions, LLC

### ARTICLE II – Address:

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

#### Principal Office Address:

360 Duncan Loop West  
Bldg. 16, Unit 104  
Dunedin, FL. 34698

#### Mailing Address:

360 Duncan Loop West  
Bldg. 16, Unit 104  
Dunedin, FL. 34698

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JESSICA B. HARRIS


### ARTICLE III – Registered Agent, Registered Office & Registered Agents 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:

Edward Sanborn  
360 Duncan Loop West  
Bldg. 16, Unit 104  
Dunedin, FL. 34698

*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..*



**ARTICLE IV – Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

"MGRM"

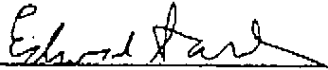
Edward Sanborn  
360 Duncan Loop West  
Bldg. 16, Unit 104  
Dunedin, FL 34698

**ARTICLE V: Effective date, if other than the date of filing:**

(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 filing date.)

**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.



Typed or printed name of signer