

**L19000012628**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000013576 3)))



H190000135763ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : FASTKIT CORP  
Account Number : 120100000909  
Phone : (305) 599-0639  
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.  
Renee Grimm Kern, PLLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

FILED  
19 JAN 14 PM 5:05  
DEPARTMENT OF STATE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

2019 JAN 14 AM 10:05

Electronic Filing Menu Corporate Filing Menu Help

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

**ARTICLE I NAME**

The name of the Limited Liability Company is: **Renee Grimm Kern, PLLC**

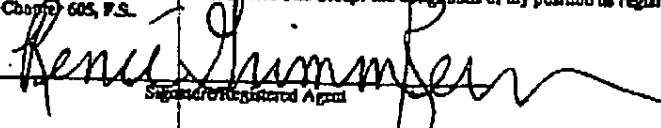
**ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS**

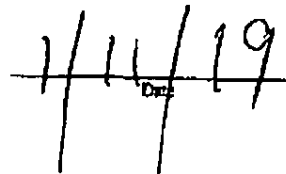
The principal place of business/mailling address is: **223 Highland Woods Drive  
Safety Harbor FL 34695**

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

The name and Florida Street address of the initial registered agent is: **Renee Grimm Kern  
223 Highland Woods Drive  
Safety Harbor FL 34695**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated to 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

  
Date

**ARTICLE IV Manager(s)**

The name, title and address of each person authorized to manage and control the Limited Liability Company:  
**Renee Grimm Kern - Manager  
223 Highland Woods Drive  
Safety Harbor FL 34695**

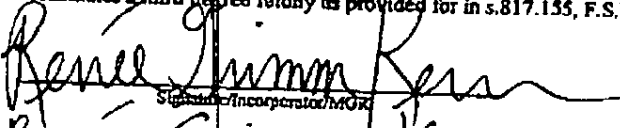
**ARTICLE V EFFECTIVE DATE**

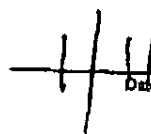
The effective date of this filing: **Upon receipt**

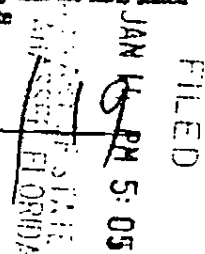
**ARTICLE VI BUSINESS PURPOSE**

The business purpose of this business is: **Real Estate Sales**

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (3) (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/Incorporator/MGR  
**Renee Grimm Kern**  
Printed Name of Signer

  
Date

  
FILED  
JAN 14 2019  
PM 5:05