

3/29/2019

**4900005455**  
Division of Corporations  
Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)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.  
JAR Properties of South Florida LLC**

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

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TALLAHASSEE, FL

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

**ARTICLE 1 - NAME:**

The name of the Limited Liability Company is:

**JAR Properties of South Florida LLC**

(Must end with the words "Limited Liability Company" "LLC" or L.L.C")

**ARTICLE 11 - Address:**

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

**Principal Office Address:**

441 SE Verada Ave  
Port St Lucie FL 34983

**Mailing Address:**

441 SE Verada Ave  
Port St Lucie FL 34983

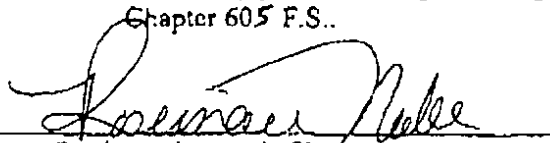
**ARTICLE 111 - Registered Agent, Registered Office & Registered Agent's Signature:**

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

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

**Rosemarie November  
441 SE Verada Avenue  
Port St Lucie FL 34983**

Having been named as registered agent and to accept service of process for the above state limited liability company at the place designated in this certification, 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

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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 and Address:**

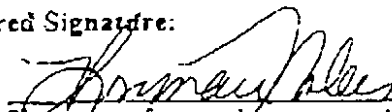
Managing Member

Rosemarie November  
441 SE Verada Avenue  
Port St Lucie FL 34983

**ARTICLE V - Effective date, if other than the date of filing: March 28, 2019**

(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.)

**Required Signature:**



Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Rosemarie November**  
typed or printed name of signer