

L19000104708

Florida Department of State  
Division of Corporations  
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

\*\*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.  
1832 NW 67 ST, LLC

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

2019 APR 24 PM 4:59  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**1832 NW 87 ST., LLC**

(Must end with 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:

Mailing Address:

1232 Abilene Trl

1232 Abilene Trail

Orange Park, Fl 32065

Orange Park, FL 32065

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SECRETARY OF STATE  
DIVISION OF CORPORATION

**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 entity with an active Florida registration.

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

ARTIGAS E GONZALEZ

1232 Abilene Trl

Orange Park, FL 32065

*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 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 obligation of my position as registered*

REGISTER AGENT SIGNATURE REQUIRED:



**ARTICLE IV- Members**

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

Title:

Name and Address:

"AMBR"= Authorized Member

"MGR"

ARTIGAS E GONZALEZ

1232 Abilene Trl

Orange Park, FL 32065

"AMBR"

MARIA M RICHARD

1232 Abilene Trl

Orange Park, FL 32065

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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 date of filing)

ARTICLE VI - Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEMBER REQUIRED SIGNATURE:

  
\_\_\_\_\_

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 IState constitutes a third degree felony as provided for in s 817.1585, F.S.)