

L19000106177

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
1232 ABILENE TRL, LLC**

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

2019 APR 25 PM 1:57

FILED
2019 APR 25 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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April 25, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: 1232 ABILENE TRL, LLC
REF: W19000040474

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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New Filing Section.

FAX Aud. #: E19000135084
Letter Number: 619A00008325

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1232 ABILENE TRL, 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:

1232 Abilene Trl

Orange Park, fl 32065

Mailing Address:

1232 Abilene Trail

Orange Park, FL 32065

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:



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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

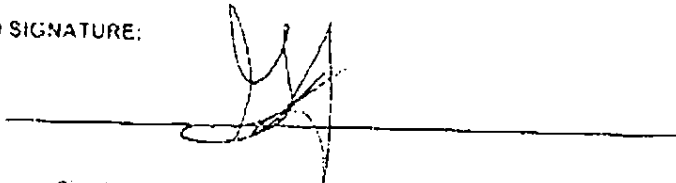
ARTICLE V - Effective date, if other than the date of filing:

(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 State constitutes a third degree felony as provided for in s.817.1505, F.S.)