

8/26/2019

L19000213410

Division of Corporations
Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
16547, LLC**

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

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Corporate Filing Menu

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AUG 28 2019



August 27, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: 16547, LLC
REF: W19000079020

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.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch FAX Aud. #: B19000256955
Regulatory Specialist II Supervisor Letter Number: 319A00017657

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

16547, LLC

(Must contain 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:

First National Bank of South Miami Co-Trustee
5750 Sunset Drive
South Miami, FL 33143

5750 Sunset Drive
South Miami, FL 33143

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 business entity with an active Florida registration.)

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

DANIEL M. KEIL

Name

6500 COWPEN ROAD, SUITE 301

Florida street address (P.O. Box **NOT** acceptable)

MIAMI LAKES

FL

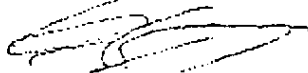
33143

City

State

Zip

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

First National Bank of South Miami Co-Trustee
5750 Sunset Drive
South Miami, FL 33143

AMBR

Daniel M. Keil Co-Trustee
6500 Cowpen Road, Suite 301
Miami Lakes, FL 33014

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/23/19 (OPTIONAL)

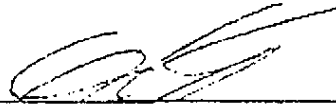
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

ANY AND ALL LAWFUL BUSINESS IN THE STATE OF FLORIDA

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.

Daniel Keil

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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