

# L19000235761

**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.

((H19000288466 3)))



H190002884663ABCB

**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 : 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.

Tony Davis Consulting, LLC

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

19 SEP 26 PM 6:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: **Tony Davis Consulting, LLC**

## ARTICLE II PHYSICAL AND MAILING OFFICE ADDRESS

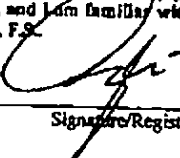
The physical place of business and mailing address is:

Physical and Mailing Address:  
11483 48<sup>th</sup> Avenue North  
St. Petersburg, FL 33708

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

The name and Florida Street address of the initial registered agent is: **Anthony J. Davis**  
11483 48<sup>th</sup> Avenue North  
St. Petersburg, FL 33708

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.

  
\_\_\_\_\_  
Signature/Registered Agent

9/24/2019  
\_\_\_\_\_  
Date

## ARTICLE IV Manager(s)

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

**Anthony J. Davis -- Manager**  
11483 48<sup>th</sup> Avenue North  
St. Petersburg, FL 33708

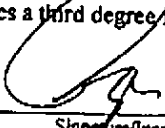
19 SEP 26 PM 6:34  
CLL  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE V EFFECTIVE DATE

The effective date of this filing:

Immediately upon filing

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.817.155, F.S.)

  
\_\_\_\_\_  
Signature/Incorporator/MGR

**Anthony J. Davis**

\_\_\_\_\_  
Printed name of Signee

9/24/2019  
\_\_\_\_\_  
Date