

11/27/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H19000345895 3)))



H190003458953ABCB

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

2019 DEC -2 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

****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.

Cynthia Ann Walker, PLLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

< PAGE

DEC - 3 7

ARTICLES OF ORIGATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **Cynthia Ann Walker, PLLC**

ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/mailling address is: 7178 Lexington Circle
Brooksville, FL 34602

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


The name and Florida Street address of the initial registered agent is: Cynthia Ann Walker
7178 Lexington Circle
Brooksville, FL 34602

SECRETARY OF STATE
TALLAHASSEE, FL

2019 DEC -2 AM 9:41

FILED

I 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

12/1/19
Date

ARTICLE IV Manager(s)

The name, title and address of each person authorized to manage and control the Limited Liability Company:
Cynthia Ann Walker -- Manager
7178 Lexington Circle
Brooksville, FL 34602

ARTICLE V EFFECTIVE DATE

The effective date of this filing: January 1, 2020

ARTICLE VI BUSINESS PURPOSE

The business purpose of this business is: Real Estate Sales

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.

12/1/19
Date


Printed name of Signee