

L20000143870

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.

(((H20000165352 3)))



H200001653523ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JUN -2 PM 2:23

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

C RICO  
JUN 02 2020

\*\*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.  
GLOBAL HTM SOLUTIONS, LLC

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

2020 JUN -2 PM 4:19  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

GLOBAL HTM SOLUTIONS, LLC

**ARTICLE II - ADDRESS:**

The physical and mailing address of the Limited Liability Company is:

202 Tournament Road  
Ponte Vedra Beach, FL 32082

**ARTICLE III - REGISTERED AGENT NAME, OFFICE & SIGNATURE:**

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

Bobby G. Bryant  
202 Tournament Road  
Ponte Vedra Beach, FL 32082

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, Florida Statutes.

  
\_\_\_\_\_  
Registered Agent's Signature

20 JUN -2 PM 2:23  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE IV -- MANAGER(S) OR MANAGING MEMBER(S):**  
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name &amp; Address:</u>
Managing Member	Bobby G. Bryant 202 Tournament Road Ponte Vedra Beach, FL 32082

Bobby Bryant  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0200 (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.817.135, F.S.)

Bobby G. Bryant  
Typed or printed name of signer

20 JUN -2. PM 2:23  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS