

6/17/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To: Division of Corporations  
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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.

#### American Surplus Recovery, LLC

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

JUN 18 2020

T. SCOTT

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

American Surplus Recovery, 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:17010 NE 1<sup>st</sup> Avenue  
MIAMI, FL 33162Mailing Address:17010 NE 1<sup>st</sup> Avenue  
MIAMI, FL 33162

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Robin Harris

Name

17010 NE 1<sup>st</sup> AvenueFlorida street address (P.O. Box NOT acceptable)MIAMIFL33162

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.

Robin Harris

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2020 JUN 17 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Robin Harris  
17810 NE 1<sup>st</sup> Avenue  
MIAMI, FL 33162

MGR

Donna Edwards  
4130 SW 31<sup>st</sup> Drive  
West Park, FL 33023

MGR

Robin Harris  
17810 NE 1<sup>st</sup> Avenue  
MIAMI, FL 33162

AMBR

Donna Edwards  
4130 SW 31<sup>st</sup> Drive  
West Park, FL 33023

(Use attachment if necessary)

**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.)

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.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUIRED SIGNATURE:**

Robin Harris

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.

Robin Harris

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)