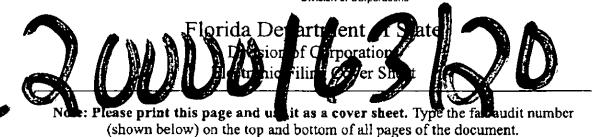


Division of Corporations



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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.

American Surplus Recovery, LLC

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

YIM 18 2020

T. SCOTT

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	١.	Name:
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The name of the Limited Liability Company is:

American Surplus Recovery, L.C. (Must contain the words "Limited Lishlity 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:	Malline Address:
17010 NE L'AVENUE	17010 NE 1st Avenue
MIAMI, FL 33162	MIAMI, FL 33/62

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:

Robin Harris

Name

17010 NEI-St Avenue

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

MIAMI FL 33142

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)

FILED 2020 JUN 17 PM 3: 35

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Robin Harris 17010 NE 1 AMENUE MIAMI, FL 38162
MGR	Donna Edwards 4130 SW 312 Drive West Mark, FL 33013
MGR	Robin Harris 17518 NE JE Avenue MIAMI, FL 33162
<u>AMBR</u>	Donna Edwards 4130 3W 312 DRIVE WIGH Park, FL 33023
(Use attachment if necessary)	
- Once or series,	secific and cannot be more than five business days prior to or 90 days a
REOURED SIGNATURE:	
	in Harris
i mi document is execut	ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State
constitutes a third degree	coolly as provided for in a.817.155, P.S.
constitutes a third degree	b in Hamis Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)