

# L20000228070

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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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  
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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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REGISTRATION  
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20 AUG -6 PM 1:45

REGISTRATION  
COMMERCIAL  
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### FLORIDA LIMITED LIABILITY CO. ABSOLUTE QUALITY LOGISTICS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

C RICO  
AUG 06 2020

ABSOLUTE QUALITY LOGISTICS, LLC

(NAME OF ORGANIZATION IN FULL)

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

ABSOLUTE QUALITY LOGISTICS, LLC

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN THE INDUSTRY OF LOGISTICS AND ANY OTHER BUSINESSS IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES THAT THE BOARD MAY APPROVE FROM TIME TO TIME.

FILED  
2020 AUG 06 PM 1:45  
CLERK OF STATE

PREPARED BY: TURNER-MCGOWAN & ASSOCIATES LLC.  
1100 S STATE ROAD 7, STE 200A  
MARGATE, FL 33068  
954) 970-0006

**ARTICLE III**

THE INITIAL ADDRESS OF THIS ORGANIZATION IS  
**632 W HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009**

**BROWARD COUNTY OF FLORIDA.** THE MEMBERS, FROM TIME TO TIME, MAY MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

**ARTICLE IV**

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT FOR SERVICE OF PROCESS.

IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF PROCESS. OTHEL TURNER: 1100 S STATE ROAD 7, STE 200A, MARGATE, FL 33068.

**ACKNOWLEDGMENT**

HAVING BEEN NAMED BY THE ABOVE LLC TO ACCEPT SERVICE OF PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID OFFICE OPEN.

BY: 

20 AUG - 6 PM 2:45  
OFFICE OF THE CLERK OF THE COURT  
CLERK OF THE COURT

ARTICLE V

THE NAMES AND ADDRESSES OF THE MANAGERS OF ORGANIZATION:

JARED SANDERS CO-MANAGER

-----  
1005 NW 7<sup>TH</sup> AVENUE

-----  
HALLANDALE BEACH, FL 33009  
-----

SHATON SANDERS CO-MANAGER

-----  
1005 NW 7<sup>TH</sup> AVENUE

-----  
HALLANDALE BEACH, FL 33009  
-----

ANTHONY SANDERS AUTHORIZED MEMBER

-----  
1005 NW 7<sup>TH</sup> AVENUE

-----  
HALLANDALE BEACH, FL 33009  
-----

PAUL GEORGES AUTHORIZED MEMBER

-----  
15050 N. SPUR DRIVE

-----  
MIAMI, FL 33161  
-----

TRAVON FORT AUTHORIZED MEMBER

-----  
5745 SW 18<sup>TH</sup> STREET


-----  
HOLLYWOOD, FL 33023  
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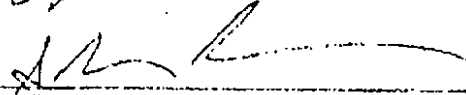
CIANTA BAILEY AUTHORIZED MEMBER

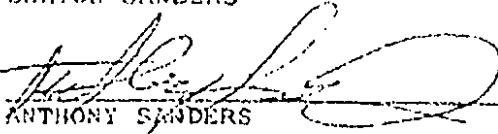
-----  
16101 NW 17<sup>TH</sup> PLACE


-----  
MIAMI GARDENS, FL 33054  
-----


MANAGER'S SIGNATURES


  
\_\_\_\_\_  
JARED SANDERS

  
\_\_\_\_\_  
SHATON SANDERS

  
\_\_\_\_\_  
ANTHONY SANDERS

  
\_\_\_\_\_  
PAUL GEORGES


  
\_\_\_\_\_  
TRAVON FORT

  
\_\_\_\_\_  
CIANTA BAILEY

STATE OF FLORIDA )  
COUNTY OF BROWARD ) SS

AFFIRMED AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY, DULY AUTHORIZED TO TAKE OATHS AND RECEIVE ACKNOWLEDGMENTS, PERSONALLY APPEARED BEFORE ME JARED SANDERS, SHATON SANDERS, ANTHONY SANDERS, PAUL GEORGES, TRAVON FORT, AND CIANTA BAILEY, WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION.

WITNESS MY HAND AND SEAL THIS 6 DAY OF August, 2020.

  
\_\_\_\_\_  
(SIGNATURE OF NOTARY)

NOTARY PUBLIC, STATE OF FLORIDA

(SEAL)  NICOLE C. SEELAL  
Commission # GG 915799  
Expires September 23, 2023  
Served The People With Integrity