

L20000238485

Florida Department of State

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.

Stowaways Boat Taxi, LLC

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

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AUG 17 2020

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of this Limited Liability Company is **Stowaways Boat Taxi, LLC**

ARTICLE II - ADDRESS

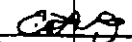
The mailing address and street address of the principal office of the limited liability company is **919 N Birch Rd, Fort Lauderdale, FL 33304.**

**ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE**

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

Earnest Nichols, 919 N Birch Rd, Fort Lauderdale, FL 33304.

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.FS.


Earnest Nichols Jr (Jun 24, 2020 20:27 EDT)

Earnest Nichols
Registered Agent

ARTICLE IV - UNITS

This limited liability company is authorized to issue 1,000 units.

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ARTICLE V- MANAGEMENT AND MEMBERS

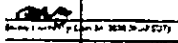
The limited liability company is manager-managed for purposes of s. 605.0407 and other relevant provisions of said chapter.

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

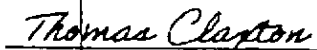
Earnest Nichols
919 N Birch Rd, Fort Lauderdale, FL 33304
Manager

Thomas Claxton
261 Shipland Dr. Crystal Lake, IL 60012
Manager

REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.



Earnest Nichols
919 N Birch Rd, Fort Lauderdale, FL 33304
Member



Thomas Claxton
261 Shipland Dr., Crystal Lake, IL 60012
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.)