

8/24/2020

L20000252147

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.

(((H20000292912 3)))



H200002929123ABC.

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

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. MICHELLE ROOT, NP LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

MICHELLE ROOT, NP 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:

MICHELLE ROOT, NP LLC

FILED
2020 AUG 25 PM 4:57
CLERK OF DISTRICT COURT
JULIA HASSLER

ARTICLE II

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

PREPARED BY: TURNER-MCGOWAN & ASSOCIATES LLC.
1100 S STATE ROAD 7, STE 200A
MARGATE, FL 33063
954) 970-0006

ARTICLE III

THE INITIAL ADDRESS OF THIS ORGANIZATION IS

**5547 C HUMMINGBIRD ROAD
BASCOM, FL 32423**

JACKSON 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.

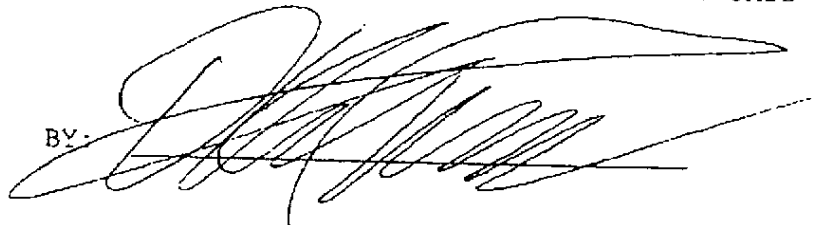
IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF PROCESS. OTHHEL 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:

A large, stylized handwritten signature in black ink, appearing to be a cursive representation of a name, possibly "Othel Turner".

ARTICLE V

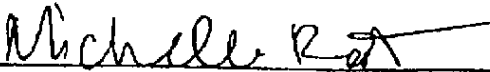
THE NAMES AND ADDRESSES OF THE MANAGERS OF ORGANIZATION:

MICHELLE ROOT, NP LLC

5547 C HUMMINGBIRD ROAD

BASCOM, FL 32423

MANAGER'S SIGNATURES

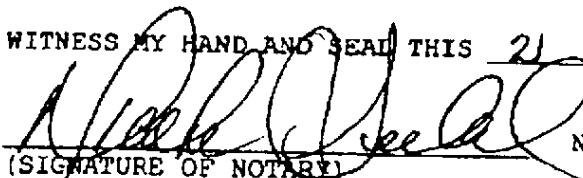


MICHELLE ROOT

STATE OF FLORIDA)
COUNTY OF JACKSON) SS

AFFIRMED AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY, DULY AUTHORIZED TO TAKE OATHS AND RECEIVE ACKNOWLEDGMENTS, PERSONALLY APPEARED BEFORE ME MICHELLE ROOT WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION.

WITNESS MY HAND AND SEAL THIS 21 DAY OF August, 2020.


(SIGNATURE OF NOTARY) NOTARY PUBLIC, STATE OF FLORIDA

(SEAL)



NICOLE C. SEELAL
Commission # GG 915799
Expires September 23, 2023
Bonded Thru Budget Notary Services