

12/9/2020

page

Division of Corporations

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.

(((H20000421334 3)))



H200004213343ABCT

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

2020 DEC -9 PM 4:43

20 DEC -9 PM 8:31

\*\*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.  
TULIPAN MILKS LLC

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

7

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

DEC 10 2020

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

TULIPAN MILKS 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:Mailing Address:

2155 CORAL WAY  
MIAMI FL 33145

101 ARCTIC RIDGE WAY  
HOLLY SPRINGS, NC 27540

## 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:

XIMENA APONTE SALAMANCA

Name

2155 CORAL WAY

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

MIAMI, FL 33145

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.*

Ximena Aponte

Registered Agent's Signature (REQUIRED)

(CONTINUED)

20 DEC - 9 PM 8:31  
TALLAHASSEE, FLORIDA

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

MGR

XIMENA APONTE SALAMANCA  
101 ARCTIC RIDGE WAY  
HOLLY SPRINGS, NC 27540

20 DEC -9 PM 0:31  
MILWAUKEE, WISCONSIN

XIMENA APONTE SALAMANCA

Typed or printed name of signee