

12/15/2020

Division of Corporations

**L20000386550**

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.**

((H20000428527 3)))



H200004285273ABCJ

**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 15 PM 3:30

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2020 DEC 15 AM 9:12

FILED

**FLORIDA LIMITED LIABILITY CO.  
WATERSIDE COTTAGE, LLC**

DEC 16 2020

T. SCOTT

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

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

WATERSIDE COTTAGE, LLC.

**ARTICLE II - ADDRESS:**

The physical and mailing address of the Limited Liability Company is:

4674 Town Center Parkway #347  
Jacksonville, FL 32246

**ARTICLE III - REGISTERED AGENT NAME, OFFICE & SIGNATURE:**

The name and Florida street address of the registered agent are

Cheryl Todd  
6108 28th St. W., Suite 2  
Bradenton, FL 34207

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 805, Florida Statutes.

*Cheryl Todd*

\_\_\_\_\_  
Registered Agent's Signature

FILED  
2020 DEC 15 AM 9:12  
STATE  
OF FLORIDA

**ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):**

The name and address of each Manager or Managing Member is as follows:

Title:

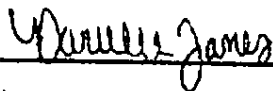
Name & Address:

Member

Danielle James  
4674 Town Center Pkwy., #347  
Jacksonville, FL 32246

Member

Michael James  
4674 Town Center Pkwy., #347  
Jacksonville, FL 32246



Signature of a member or an authorized representative of a 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.)

Danielle James

Typed or printed name of signer