L21000038513

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.

(((H21000049515 3)))

H21000049515 3ABC.

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

2021 FEB -4 PM 3:5[illegible]

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 FEB -4 AM 10:06

FILED

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.

RN Morey Enterprises, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	$155.00

T. BURCH
FEB 5 2021

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF ORIGINATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **RN Morey Enterprises, LLC**

FILED
2021 FEB -4 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/mailing address is: 4939 Musselshell Drive
New Port Richey FL 34655

ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida Street address of the initial registered agent is: Ryan Neil Morey
4939 Musselshell Drive
New Port Richey FL 34655

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.

Ryan D Morey
Signature/Registered Agent

02/03/2021
Date

ARTICLE IV Manager(s)

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

Ryan Neil Morey - Manager
4939 Musselshell Drive
New Port Richey FL 34655

ARTICLE V EFFECTIVE DATE

The effective date of this filing: Upon receipt

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.)

Ryan D Morey
Signature/Incorporator/MGR.

02/03/2021
Date

RYAN N. MOREY
Printed name of Signer