Division of Corpora 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.

(((H21000140614 3)))



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

Div:	ision	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. LRH, LLC

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: LRH, LLC (Must end with 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: 2002 SW 128th Ct. Ste. 208-12002 SW 128th Ct. Stc. 208 Miami, FL 33186 Miami, FL 33186 ARTICLE III - Registered Agent, Registered Office, & 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: Jaime Martin James .. Name 12002 SW 128th Ct. Stc. 208

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.

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

Miami, FL 33186 City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2021 APR -8 PM 4: 0

Title: "AMBR" = Authorized Memb "MGR" = Manager	Name and Address:	,
AMBR	Jaime Martin James	
	12002 SW 128th Ct. Stc. 208 Miami, FL 33186	
	Minute, 1 is 55100	
	·	
	•	
	•	
		23
	·	-
	· .	2021 APR
		7-8 AHA
		- <u> </u>
(Use attachment if neces	sary)	· · · · · · · · · · · · · · · · · · ·
	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. jul
ARTICLE V: Effective date,	if other than the date of filing: 04/06/2021 (OPTIONAL)	- 건물 c
by the Florida Department of	e prior to nor more than 90 days after the date this doc State; AND 2) must be the same as the effective date on, if an effective date listed therein.)	
REQUIRED SIGNATURE:	. /	•
	//	
	1 James.	
Signature of a m	nember or an authorized representative of a member.	
	,	
under the penalties of perjury that the	3 Florida Statutes, the execution of this document constitutes an a facts stated herein are true. I am aware that any false information sometimes a third degree felony at provided for in s.817.155, F.S.)	submitted in a
	Jaime Martin James	-
	Typed or printed name of signee	
1	- -	

Page 2 of 2