

4/22/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L210001617963**

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP  
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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.  
JUSTC PROJECT, LLC**

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

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Corporate Filing Menu

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

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

JUSTC PROJECT, 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:

7760 NW 32<sup>ND</sup> STREET

7760 NW 32<sup>ND</sup> STREET

DAVIE, FL 33024

DAVIE, FL 33024

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

The name and the Florida street address of the registered agent are:

STEFANIE FRANCIS

Name

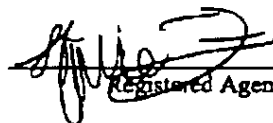
7760 NW 32<sup>ND</sup> STREET

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

DAVIE, FL 33024

City, State, and 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 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 provided for in chapter 605 F.S.*



Registered Agent's Signature

FILED  
APR 22 PM 3:01  
2021

**ARTICLE IV-**

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

Title:

"AMBR"= Authorized Member

"MGR"= Manager

Name and Address:

AMBR

STEFANIE FRANCIS

7760 NW 32<sup>ND</sup> STREET

DAVIE, FL 33024

MGR

JULIE SIMPSON

7760 NW 32<sup>ND</sup> STREET

DAVIE, FL 33024

(Use attachment if necessary)

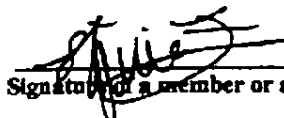
ARTICLE V: Effective date, if other than the date of filing \_\_\_\_\_ (Optional)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

The LLC is organized for the purpose of Retail and any other business

**REQUIRED SIGNATURE:**



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.)

Stefanie Francis

Typed or printed name of signee

FILED  
22 APR 2021  
11:30:01