

6/3/2021

Division of Corporations

L21000259922

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
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FLORIDA DEPARTMENT OF STATE
FALLAHASSEE, FLORIDA

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****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.
GULFSTREAM DUMPING, LLC**

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

FLORIDA DEPARTMENT OF STATE
FALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

GULFSTREAM DUMPING, 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:

19420 NW 7TH AVVENUE

19420 NW 7TH AVE

MIAMI GARDENS, FL 33169

MIAMI GARDENS, FL 33169

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

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

KIMELA LUSTER-HENRY

Name

19420 NW 7TH AVENUE

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

MIAMI GARDENS, FL 33169

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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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

KIMELA LUSTER-HENRY

19420 NW 7TH AVENUE

MIAMI GARDENS, FL 33169

(Use attachment if necessary)

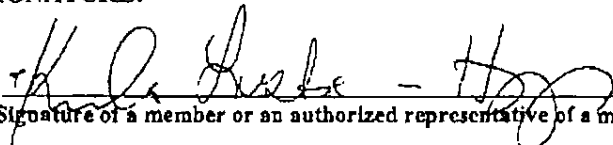
ARTICLE V: Effective date, if other than the date of filing _____.(Optional)

(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.

For the purpose construction disposal 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.)

Kimela Luster-Henry
Typed or printed name of signee