

7/12/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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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
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.**BJ Lakeland, LLC**

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

SECRETARY OF STATE
TALLAHASSEE, FL

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Handwritten signature/initials
7/13/21

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ARTICLES OF ORIGATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **BJ Lakeland, LLC**

ARTICLE II PHYSICAL AND MAILING OFFICE ADDRESS

The physical place of business and mailing address is:

Physical and Mailing Address:
3633 Century Blvd, Ste 1
Lakeland FL 33811

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

The name and Florida Street address of the initial registered agent is: **Brian Alan Thompson**
3633 Century Blvd, Ste 1
Lakeland FL 33811

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.

Brian Alan Thompson
Signature/Registered Agent

7/12/2021
Date

ARTICLE IV Manager(s)

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

Brian Alan Thompson
3633 Century Blvd, Ste 1
Lakeland FL 33811

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(4)(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.)

Brian Alan Thompson
Signature/Incorporator/MGR

7/12/2021
Date

BRIAN ALAN THOMPSON
Printed name of Signee

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