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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
Fax Number : (305)592-9591

2nd Request

****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.**QAS Properties, LLC**

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

2021 JUL 23 PM 4:36

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FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **QAS Properties, LLC**

ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

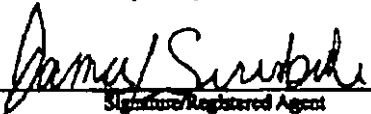
The principal place of business/mailling address is:

Principal and Mailing Address: 7322 US 19
New Port Richey FL 34652

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

The name and Florida Street address of the initial registered agent is: **James Serrabella**
7322 US 19
New Port Richey FL 34652

Having been named as registered agent and to accept service of process for the above stated corporation 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 FS


Signature/Registered Agent

7-21-2021
Date

ARTICLE IV Managing Member(s)

James Serrabella - Member
7322 US 19
New Port Richey FL 34652

The name and address of the Managing Member(s) is as follows:

ARTICLE V EFFECTIVE DATE


The effective date of this filing:

Immediately upon filing.

Signature of managing member: In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


Signature/Incorporator/Managing Mbr.

7-21-2021
Date


Printed name of Signer

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CLERK OF STATE
TALLAHASSEE, FL