

**L21000418787**

Florida Department of State  
Division of Corporations  
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.**

((H21000357899 3)))



H210003578993ABCB

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

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.  
TEACH'N TRAIN U MEDISKILLS STATION, 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:

TEACH'N TRAIN U MEDISKILLS STATION, 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:**

12035 NE 2<sup>ND</sup> AVENUE

12035 NE 2<sup>ND</sup> AVENUE

MIAMI, FL 33161

MIAMI, FL 33161

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

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

JULIETTE EDWARDS

Name

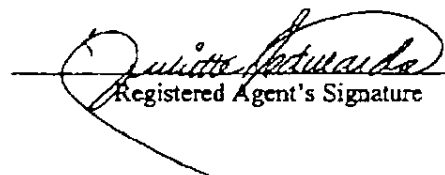
12035 NE 2<sup>ND</sup> AVENUE

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

MIAMI, FL 33161

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  
2021 SEP 23 PM 1:36  
CLERK OF DISTRICT COURT  
JULIETTE EDWARDS

**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

JULIETTE EDWARDS

12035 NE 2<sup>ND</sup> AVENUE

MIAMI FL 33161

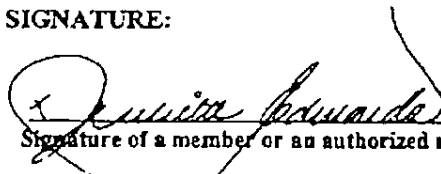
(Use attachment if necessary)

**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 OF MEDICAL TRAINING 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.)

JULIETTE EDWARDS

Typed or printed name of signee