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.

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| To: | | |
| | Division of Corporations | <u>i</u> : 1 |
| | Fax Number : (850)617-6381 | 7 |
| | | · P |
| From: | | → E |
| | Account Name : FASTKIT CORP | <u> </u> |
| | Account Number : I2010000009 | · |
| | Phone : (305)599-0839 | <u> </u> |
| | Fax Number : (305)592-9591 | |

FLORIDA LIMITED LIABILITY CO. BEHAG, LLC

Email Address:____

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

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Corporate Filing Menu

Help

ARTICLES OF ORIGINATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I NAME | | | |
|---|---|----------|-----|
| The name of the Limited Liability Company is: BEHAG, I | LLC | | |
| | % | 3 ! | |
| ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRI | rce | | |
| The principal place of business/mailing address is: | 31 West Tarpon Avenue Tarpon Springs, FL 34689 | NOV -2 | 1 |
| ARTICLE III Registered Agent, Registered Office & Register | ed Agent's Signature: | | ;;" |
| The name and Florida Street address of the initial registered agent is: | Todd Unbehagen S 31 West Tarpon Avenue Tarpon Springs, FL 34689 | AH 8: 15 | |
| Having been named as registered agent and to accept service of process for the abothe place designated in this certificate. I hereby accept the appointment as registers capacity. I further agree to comply with the provisions of all statutes relating to the of my duties, and I am familiar with and accept the obligations of my position as re Chapter 605, F.S. | ed agent and agree to not in this proper and complete performance gistered agent as provided for in | 1/202 | 1 |
| Signature/Registered Agent | | Date | |
| ARTICLE IV Manager(s) The name, title and address of each person authorized to manage and c | ontrol the Limited Liability Com | Inony, | |

ARTICLE V EFFECTIVE DATE

The effective date of this filing:

Immediately upon filing

Todd Unbehagen - Manager 31 West Tarpon Avenue Tarpon Springs, FL 34689

Signature of a member or nn nuthorized 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.)

Signature/Incorporator/MGR.

titled name of Signer