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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

Email Address:

## FLORIDA LIMITED LIABILITY CO.

IPSo Tech Solutions, LLC

Certificate of Status	0
Certified Copy	1
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## ARTICLES OF ORIGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: IPSo Tech Solutions, LLC

ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/mailing address is:

Principal and Mailing Address: 245 104th Avenue

Unit 9

Treasure Island FL 33706

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

The name and Florida Street address of the initial registered agent is:

Alex Balatsoukas 245 104<sup>th</sup> Avenue

Unit 9

Treasure Island FL 33706

Having been samed 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 duries, 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

Alex Balatsoukas - Manager

245 104th Avenue

Unit 9

Treasure Island FL 33706

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

ARTICLE V EFFECTIVE DATE

ARTICLE IV Managing Member(s)

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.

11/15/2021

ALLY BALATSONEAS

Printed name of Signee