L21000525279

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:_____
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RECEIVED 2021 DEC 14 PH 2:42

FLORIDA LIMITED LIABILITY CO.
Air Cooled Storage LLC

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

2021 DEC 14 PH 3:27

Electronic Filing Menu   Corporate Filing Menu   Help

ARTICLES OF ORIGINATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I   NAME

The name of the Limited Liability Company is: **Air Cooled Storage LLC**

ARTICLE II   PHYSICAL AND MAILING OFFICE ADDRESS
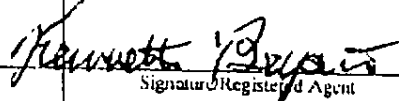The physical place of business and mailing address is:

Physical and Mailing Address:
1018 Classic Drive
Holiday FL 34691

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

The name and Florida Street address of the initial registered agent is: Kenneth C Bryant
1018 Classic Drive
Holiday FL 34691

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..

_____
Signature/Registered Agent

12.14.2021
Date

ARTICLE IV   Manager(s)
The name, title and address of each person authorized to manage and control the Limited Liability Company:
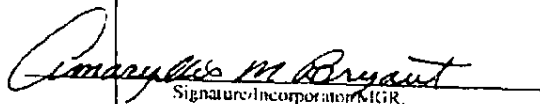
Kenneth C. Bryant
1018 Classic Drive
Holiday FL 34691

Amaryllis Bryant
1018 Classic Drive
Holiday FL 34691

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 (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.

12.14.2021
Date

Amaryllis M Bryant
_____
Printed name of Signee