

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

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.

Sharmayn Erfourth, DO, PLLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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SEC. 11.001
FALL 2021

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ARTICLES OF ORIGATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **Sharmayn Erfourth, DO, PLLC**

ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/mailling address is: 651 Lone Palm Drive
Lakeland FL 33815

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

The name and Florida Street address of the initial registered agent is: Sharmayn Erfourth
651 Lone Palm Drive
Lakeland FL 33815

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

12/16/2021

Date

ARTICLE IV Manager(s)

The name, title and address of each person authorized to manage and control the Limited Liability Company:
Sharmayn Erfourth - Manager
651 Lone Palm Drive
Lakeland FL 33815


ARTICLE V EFFECTIVE DATE

The effective date of this filing: Immediately upon filing

ARTICLE VI BUSINESS PURPOSE

The business purpose of this business is: Physician

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.

12/16/2021

Date

Sharmayn Sayers-Erfourth

Printed name of Signee

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TALLAHASSEE
SECRETARY OF STATE