

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.**

((H22000002111 3)))



H220000021113ABCJ

**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.**

**Alexa Spitz, PLLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

# ARTICLES OF ORIGATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I NAME**

The name of the Limited Liability Company is: **Alexa Spitz, PLLC**

**ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS**

The principal place of business/ mailing address is:

311 N Clearview Avenue # 1109  
Tampa FL 33609

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

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

Alexa Spitz  
311 N Clearview Avenue #1109  
Tampa FL 33609

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

12/21/21  
Date

**ARTICLE IV Manager(s)**

The name, title and address of each person authorized to manage and control the Limited Liability Company:

Alexa Spitz - Manager  
311 N Clearview Avenue #1109  
Tampa FL 33609

**ARTICLE V EFFECTIVE DATE**

The effective date of this filing:

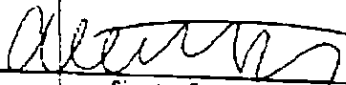
Immediately upon filing

**ARTICLE VI BUSINESS PURPOSE**

The business purpose of this business is:

Real Estate Sales

**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.

Alexa Spitz  
Printed name of Signer

12/21/21  
Date

2022 JAN - 3 AM 8:53

ED