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From:	Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591		
an	the email address for this business oual report mailings. Enter only on oil Address:	e email address please.	
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January 3, 2022

## FLORIDA DEPARTMENT OF STATE Division of Corporations

FASTKIT

SUBJECT: WAREHOUSE 7744, LLC REF: W2200000358

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the name of the manager.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline FAX Aud. #: H22000002124 Regulatory Specialist II Supervisor Letter Number: 022A00000111

P.O BOX 6327 - Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE | Name:

The name of the Limited Liability Company is:

#### WAREHOUSE 7744, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>15</u> <u>Ke</u>		Mulling Address: 55 Ocean Lane Drive, #205 cy Biscavne, FL 33149		2022	
(The Fighted f	- Registered Agent, Registered Office, & Registered Ag iability Company cannot serve as its own Registered Agen ss entity with an active Florida registration.)	gent's Signature: t. You must designate an individual or		5 - h h - 5	:
The name and	the Florida street address of the registered agent are:			1 H	
	Law Offices of Oscar J. Rodriguez, P/	A	ч <u>.</u> .		
	Name			<b>6</b> 0	
	3850 Bird Road, Suite 903				

Florida street address (P.O. Box NOT acceptable)

Miami FL 33146 City State Zip

Having been named as registered agent and to accept service of processor the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment of registered agent and agree to act in this capacity. I Jurther ugree to comply with the provisions of all statuler relating to the proper and complete performance of my duties, and f am familiar with and accept the obligations of my position as regifiered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQDIRED) CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Andrew Carton	
MGR	155 Ocean Lane Drive, #205	
	Key Biscavne, FL 33149	
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the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

	ED SIGNATURE:
	Signature of a member or an authorized representative of a member.
	I his document is executed in accordance with section 605 0203 (1) (b) Florida Statuts
	I am aware that any false information submitted in a document to the Department of Stat constitutes a third degree felopy as provided for in s.817.155, F.S.
	Oscar J. Rodriguez, Auth. Rep. Typed or printed name of signee
	r –
\$125.00	Filing Fees for Articles of Organization and Designation of Registered Agent
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\$ 30.00	Certified Copy (Optional)
<b>3</b> 30.00	Certified Copy (Optional) Certificate of Status (Optional)
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