

1/14/22, 2:10 PM

Division of Corporations

Florida Department of State

Division of Corporations
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To:

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Account Name : FASTKIT CORP
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SECRETARY OF STATE
JALAN AGOSTE M. 0719a

22 JAN 14 AM 9:06

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FLORIDA LIMITED LIABILITY CO.
L & N SERVICES GROUP LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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S. CHATHAM

JAN 18 2022

FILED**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

22 JAN 14 AM 9:06

ARTICLE I - Name:

The name of the Limited Liability Company is:

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**L & N SERVICES GROUP 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:

Principal Office Address:86700 OVERSEAS HWY
SUITE 10
ISLAMORADA, FL 33036Mailing Address:86700 OVERSEAS HWY
SUITE 10
ISLAMORADA, FL 33036**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

DANIEL M. KEIL P.A.

Name

6500 COWPEN ROAD, SUITE 301Florida street address (P.O. Box **NOT** acceptable)

<u>MIAMI LAKES</u>	<u>FL</u>	<u>33014</u>
City	State	Zip

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV.

The name and address of each person authorized to manage and control the Limited

SECRETARY OF STATE
TALLAHASSEE, FL 32304**Title:****Name and Address:**

"AMBR" - Authorized Member

"MGR" = Manager

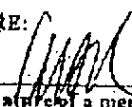
MGRLAZARO RODRIGUEZ
86700 OVERSEAS HWY, SUITE 10
ISLAMORADA, FL 33036AMBRNELSON CABRERA
86700 OVERSEAS HWY, SUITE 10
ISLAMORADA, FL 33036

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after 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.**REQUIRED SIGNATURE:**

✓ 
 Signature of a member or an authorized representative of a member.
 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
 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.

✓ LAZARO RODRIGUEZ
 Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)