

2/17/22, 2:33 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

1220006379070682

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.

((H22000063790 3)))



H220000637903ABC\$

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.
RE RECOVERY LLC**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 FEB 18 PM 9:08

FILED

Unit of record

Electronic Filing Menu

Corporate Filing Menu

Help

Feb 18 2022 15:35 HP Fax
850-617-6381

page 2
2/18/2022 7:25:15 AM PAGE 1/001 Fax Server



February 17, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: RE RECOVERY LLC
REF: W22000020091

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.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 30 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
Regulatory Specialist II Supervisor

FAX Aud. #: H22000063790
Letter Number: 822A00004029

2022 FEB 18 PM 9:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RE RECOVERY 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:Mailing Address:3631 MEYER PLACE
SARASOTA, FLORIDA
342393631 MEYER PLACE
SARASOTA, FLORIDA
34239

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:

JAMES J. LICAIA

Name

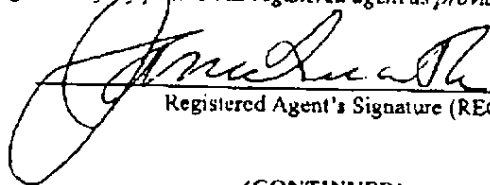
3631 MEYER PLACEFlorida street address (P.O. Box NOT acceptable)SARASOTA FLORIDA 34239

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)

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2022 FEB 18 PM 5:08

FILED

ARTICLE IV-

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

Title:

"AMBR" - Authorized Member

"MGR" - Manager

Name and Address:

MGR

DDA CAPITAL LLC

15 EAST PUTNAM AVE

SUITE 258 GREENWICH, CT 06830

MGR

SW CAPITAL PARTNERS LLC

15 EAST PUTNAM AVE

SUITE 253 GREENWICH, CT 06830

MGR

SARASOTA REAL ESTATE LLC

3631 MEYER PLACE

SARASOTA, FLORIDA 34239

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A (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.

N/A

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.

POZYSLAK K. POZYSLAK

Typed or printed name of signer

Filing Fee:

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

2022 FEB 18 PM 5:08
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED