

**L220000783830**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

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Account Name : FASTKIT CORP  
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Phone : (305)599-0839  
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**\*\*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.****ASA34, LLC**

Certificate of Status	0
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Estimated Charge	\$155.00

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

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

ASA34, LLC.

**ARTICLE II - ADDRESS:**

The physical and mailing address of the Limited Liability Company is:

1253 Selva Marina Circle

Atlantic Beach, FL 32233

**ARTICLE III - REGISTERED AGENT NAME, OFFICE & SIGNATURE:**

The name and Florida street address of the registered agent are

Andrew Dormeshlan

1253 Selva Marina Circle

Atlantic Beach, FL 32233

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, Florida Statutes.

  
\_\_\_\_\_  
Registered Agent's Signature

SECRETARY OF STATE  
OFFICE OF REVENUE

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**ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):**

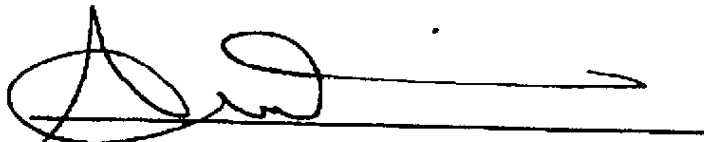
The name and address of each Manager or Managing Member is as follows:

Title:

Name & Address:

Managing Member

Andrew Dormeshian  
1253 Selva Marina Circle  
Atlantic Beach, FL 32233



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.)

Andrew Dormeshian

Typed or printed name of signee

DEPARTMENT OF STATE  
OFFICE OF THE SECRETARY  
TALLAHASSEE, FLORIDA 32399-0001

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