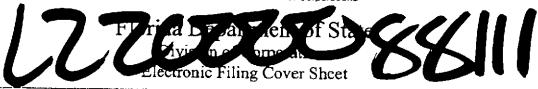
Division of Corporations



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.

(((H22000076445 3)))



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. G&J Babilonia Enterprise, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

850-617-6381

3/2/2022 7:29:06 AM PAGE 1/001 Fax Server



March 1, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

SUBJECT: GLJ BABILONIA ENTERREF: W22000026444

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 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. #: H22000076445

Regulatory Specialist II Supervisor Letter Number: 322A00005045



	CO ORCEANZAMON FO		
ARTICLE I - Name:			
The name of the Limited Li	iability Company is:		
() 4	G&J Babilor	ita Enterprise, LLC	
(Must	contain the words "Limited	d Liability Company,	"L.L.C.," or "LLC.")
RTICLE II - Address:			·
he mailing address and str	eet address of the principal	office of the term	•••
]		ornice of the Limited	Liability Company is:
<u>Prî</u>	ncipal Office Address:		B#=197=- A 1 4
			Mailing Address:
103 South A. Str			
Hake Worth, FL	3.3460		
	Agent, Registered Office		t's Signature:
other business entity with	an active Florida registrati	n Kegist ere d Agent, Y on.)	t's Signature: on must designate an individual or
other business entity with	JOHN COUNTY SELVE AS ITS VOY	n Kegist ere d Agent, Y on.)	t's Signature: fou must designate an individual or
other business entity with	an active Florida registrati	n Kegist ere d Agent, Y on.)	t's Signature: fou must designate an individual or
wither business entity with	an active Florida registrative address of the registere Jonathan Babilonia 703 South A. Street	n Registered Agent, Yon.) d agent are: Name	ou must designate an individual or
other business entity with	an active Florida registrative address of the registere Jonathan Babilonia 703 South A. Street	a Registered Agent, Yon.) d agent are:	ou must designate an individual or
other business entity with	an active Florida registrative address of the registere Jonathan Babilonia 703 South A. Street	n Registered Agent, Yon.) d agent are: Name	ou must designate an individual or
other business entity with	an active Florida registrative address of the registere Jonathan Babilonia 703 South A. Street Florida street address	n Registered Agent, Yon.) d agent are: Name S(P.O. Box NOT acc	ou must designate an individual or
other business entity with	an active Florida registrative at address of the registere Jonathan Babilonia 703 South A. Street Florida street address Lake Worth City	n Registered Agent, Yon.) d agent are: Name S(P.O. Box NOT acc Florida State	ceptable) 33460 Zip
nother business entity with the name and the Florida str	an active Florida registrative address of the registere Jonathan Babilonia 703 South A. Street Florida street address Lake Worth City	Name S(P.O. Box NOT acc Florida State	ceptable)

H. pl fu am familiar with and accept the obligations of my position ast rejute entugent as provided for in Chapter 605, F.S..

Registered Agence Signature (REQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Joneshan Dakita
	Jonathan Babilonia 703 South A. Street
	Lake Worth, FL 33460
MGR	
IVIOR	Giannina Simancas
	703 South A. Street
	Lake Worth, FL 33460
}	
Use attachment if necessary)	
EV: Effective date, if other than the day	te of filing:
EY: Effective date, if other than the day	te of filing: (OPTIONAL) pecific and cannot be more than five husiness days price to a find
EV: Effective date, if other than the dat ective date is listed, the date must be s of filing.)	pecule and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the datective date is listed, the date must be spot filing.) the date inserted in this block does not	meet the applicable etautous files associated days prior to or 90 da
EV: Effective date, if other than the dat ective date is listed, the date must be so filling.) the date inserted in this block does not ment's effective date on the Departmen	meet the applicable etautous files associated days prior to or 90 da
EV: Effective date, if other than the dat ective date is listed, the date must be so filling.) the date inserted in this block does not ment's effective date on the Departmen	meet the applicable etautous files associated days prior to or 90 da
EV: Effective date, if other than the dat ective date is listed, the date must be so of filing.) The date inserted in this block does not ment's effective date on the Departmen	meet the applicable etautous files associated days prior to or 90 da
EV: Effective date, if other than the dat ective date is listed, the date must be so of filing.) The date inserted in this block does not ment's effective date on the Departmen	meet the applicable etautous files associated days prior to or 90 da
EV: Effective date, if other than the date ective date is listed, the date must be so of filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	meet the applicable etautous files associated days prior to or 90 da
EV: Effective date, if other than the date ective date is listed, the date must be so of filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	meet the applicable etautous files associated days prior to or 90 da
EV: Effective date, if other than the date ective date is listed, the date must be so of filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	meet the applicable etautous files account and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the date ective date is listed, the date must be so of filing.) The date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be it of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be so of filing.) The date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be it of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be so filing.) the date inserted in this block does not ment's effective date on the Department of the VI: Other provisions, if any. REQUIRED SIGNATURE: This document is executed.	meet the applicable statutory filing requirements, this date will not be to of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be so filing.) the date inserted in this block does not ment's effective date on the Department of the VI: Other provisions, if any. REQUIRED SIGNATURE This document is execution ware that any files	meet the applicable statutory filing requirements, this date will not be to of State's records. The state of an authorized epresentative of a member. The state of an authorized epresentative of a member. The state of an authorized epresentative of a member. The state of an authorized epresentative of a member. The state of a statutes of a member.
EV: Effective date, if other than the date ective date is listed, the date must be so filing.) the date inserted in this block does not ment's effective date on the Department of the VI: Other provisions, if any. REQUIRED SIGNATURE This document is execution ware that any files	meet the applicable statutory filing requirements, this date will not be it of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be so filing.) the date inserted in this block does not ment's effective date on the Department VI: Other provisions, if any. REQUIRED SIGNATURE: This document is executain aware that any filst constitutes a third degree	meet the applicable statutory filing requirements, this date will not be at of State's records. The property of an authorized representative of a member, and a member of an accordance with section 605.0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date ective date is listed, the date must be so if filing.) the date inserted in this block does not ment's effective date on the Department VI: Other provisions, if any. REQUIRED SIGNATURE: This document is execution aware that any filst constitutes a third degree	meet the applicable statutory filing requirements, this date will not be to of State's records. The state of an authorized epresentative of a member. The state of an authorized epresentative of a member. The state of an authorized epresentative of a member. The state of an authorized epresentative of a member. The state of a statutes of a member.
EV: Effective date, if other than the date ective date is listed, the date must be so filling.) the date inserted in this block does not ment's effective date on the Department of the VI: Other provisions, if any. REQUIRED SIGNATURE: This document is execution aware that any fills constitutes a third degree	meet the applicable statutory filing requirements, this date will not be at of State's records. Typed or printed name of signee Typed or printed name of signee
EV: Effective date, if other than the date etive date is listed, the date must be so filling.) the date inserted in this block does not bent's effective date on the Department of the VI: Other provisions, if any. EVI: Other provisions, if any. EVI: Other provisions, if any. EVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be to of State's records. The property of an authorized representative of a member, and the applicable with section 605.0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.