

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FASTKIT CORP
 Account Number : I20100000009
 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.****

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FLORIDA DEPARTMENT OF STATE
 ATLANTA, FL 30334

2022 MAY -6 AM 8:19

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2022 MAY -6 PM 4:35

REGISTRARS
 COMMERCIAL
 SERVICES

FLORIDA LIMITED LIABILITY CO.
8751 PROFESSIONAL OFFICES, LLC

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

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

8751 PROFESSIONAL OFFICES, 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:14021 APPALACHIAN TRAIL
DAVIE, FL 3331314021 APPALACHIAN TRAIL
DAVIE, FL 33313

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:

PETERSON, BALDOR & MARANGES PLLC

Name

8000 SW 117 AVENUE, STE. 206Florida street address (P.O. Box NOT acceptable)MIAMIFL333183

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.

Stephanie Dan Garcia

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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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

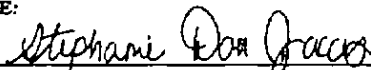
STEPHANIE DON JACAS
 14021 APPALACHIAN TRAIL
 DAVIE, FL 33315

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 6, 2022 (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.

STEPHANIE DON JACAS

Typed or printed name of signee

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 CLERK OF THE
 DEPARTMENT OF
 STATE, FLORIDA