

Florida Department of State
Division of Corporations
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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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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO.
ADVENTUROUS JOURNEYS LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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CORPORATIONS
COMMERCIAL
SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADVENTUROUS JOURNEYS LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

10420 N MCKINLEY DR STE 2103
TAMPA, FL 33612

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

MANU MANGALVEDKAR

10420 N MCKINLEY DR STE 2103

Florida Street address (P.O. Box NOT acceptable)

TAMPA, FL 33612

City, State, and 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Article IV – Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

(An additional article must be added if an effective date is requested)

✓

Signature of a member of an authorized representative of a member.

(In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MANU MANGALVEDKAR

Typed or printed name of signee

Article V – Effective date:
The effective date is to be May 28 2022

Article VI – Members of the Limited Liability Company:
There will be ONE member of this Limited Liability Company.

MANU MANGALVEDKAR

COUNTY OF STATE
ALACHUA, FLORIDA

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