

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H22000235545 3)))



H220002355453ABC

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.
LEOSOURCE INSURANCE AGENCY, LLC**

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

2022 JUL 11 PM 3:39
RECEIVED
CORPORATION
SPECIAL
SERVICES

FILED
22 JUL 11 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
OF
LEOSOURCE INSURANCE AGENCY, LLC

The undersigned hereby execute these Articles for the purpose of forming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. The undersigned further declares that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company (the "Company").

ARTICLE I: NAME

The name of the Company shall be **LEOSOURCE INSURANCE AGENCY, LLC**.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the Limited Liability Company shall be 6345 NW 43 Terrace, Coconut Creek, FL 33073.

ARTICLE III: PURPOSE OF LIMITED LIABILITY COMPANY

This Limited Liability Company may engage or transact in any or all lawful activities or business permitted under Laws of the United States, the State of Florida, or any other state, country, territory or nation.

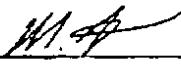
FILED
JUL 11 PM 12:35
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Mikhail Andreyev
6345 NW 43 Terrace
Coconut Creek, FL 33073

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

ARTICLE V: Manager(s) or Managing Member(s):

The name and address of managing member/manager is:

(AMBR)
Mikhail Andreyev
6345 NW 43 Terrace
Coconut Creek, FL 33073

The undersigned, being the original member of the Company, hereby certifies that the foregoing constitutes the Articles of LEOSOURCE INSURANCE AGENCY, LLC.

Executed by the undersigned on July 11, 2022.



Signature of a member of an authorized representative of a member

FILED
22 JUL 11 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA