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Division of CorporationsFlorida Department of State
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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
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.

Grace And Glory Press LLC

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

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FLORIDA DEPARTMENT OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the Limited Liability Company is:

Grace And Glory Press LLC

(Must end with the words "Limited Liability Company" "LLC" or L.L.C")

ARTICLE II - Address:

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

Principal Office Address:

2261 SE Gaslight Street
Port Saint Lucie FL 34952

Mailing Address:

2261 SE Gaslight Street
Port Saint Lucie FL 34952

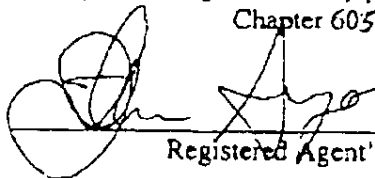
ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active FL registration.)

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

**Jonathan Arroyo
2261 SE Gaslight Street
Port St Lucie FL 34952**

Having been named as registered agent and to accept service of process for the above state limited liability company at the place designated in this certification, 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

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ARTICLE IV - Manager(s) or Managing Member(s):

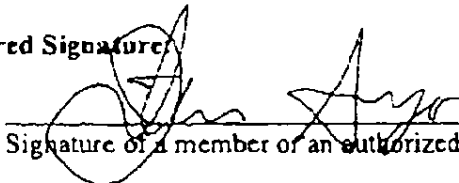
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Managing Member	Jonathan Arroyo 2261 SE Gaslight Street Port St Lucie FL 34952
Managing Member	Jelisse Arroyo 2261 SE Gaslight Street Port St Lucie FL 34952

ARTICLE V - Effective date, if other than the date of filing: October 11, 2022

(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.)

Required Signature:



Signature of a member or 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.)

Jonathan Arroyo
typed or printed name of signee

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