

L23000014696

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FASTKIT CORP
Account Number : 120100000009
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.
THE COLLEGIATE NETWORKER LLC**

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

2023 JAN 12 PM 4:27

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - NAME:

The name of the Limited Liability Company is:

THE COLLEGIATE NETWORKER LLC

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

ARTICLE 11 - Address:

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

Principal Office Address:

Mailing Address:

**5760 NW Belwood Circle
Port St Lucie, FL 34986**

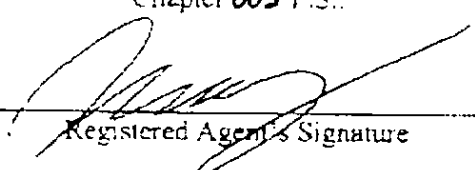
**5760 NW Belwood Circle
Port St Lucie, FL 34986**

ARTICLE 111 - 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:

**James Evan Gagliano
5760 NW Belwood Circle
Port St Lucie, FL 34986**

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:

Title:

Name and Address:

Managing Member

**James Evan Gagliano
5760 NW Belwood Circle
Port St Lucie, FL 34986**

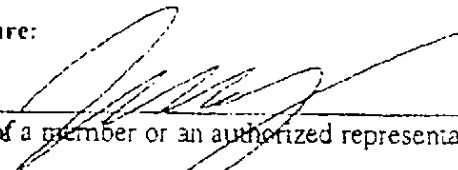
Managing Member

**Alex Diego Rojas
6154 NW Gatton Drive
Port St Lucie, FL 34986**

ARTICLE V - Effective date, if other than the date of filing: January 12, 2023

(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.)

James Evan Gagliano

typed or printed name of signee