May 123 2023 5/22/23, 3:59 PM

23000253469

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.

(((H23000188575 3)))



H230001885753ABC6

| To: | | | |
|---------|--------------------------|-------------------------------|-------|
| | Division of Corporations | | |
| | Fax Number | : (850)617-6381 | ;;;;O |
| | | • | ပ် |
| From: | | | |
| | Account Name | : FASTKIT CORP | |
| | Account Number | : I20100000009 | |
| | Phone | : (305)599-0839 | . , |
| | Fax Number | : (305)592-9591 | |
| | | s for this business entity to | |

FLORIDA LIMITED LIABILITY CO. ROTONDO NEUROPSYCHOLOGY AND PSYCHOTHERAPY, PLLC

RECEIVED 1023 PM 3:3

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

Electronic Filing Menu

Corporate Filing Menu

Help

Y. Fig. C

· page 2

850-817-6381

5/23/2023 1:22?33 PM PAGE 1/001 Fax Server



May 23, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: ROTONDO NEUROPSYCHOLOGY AND PSYCHOTHERAPY, PLLC REF: W23000073891

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Joal G Pollock
Regulatory Specialist II
New Filing Section

FAX Aud. #: B23000188575 Letter Number: 723A00011789

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROTONDO NEUROPSYCHOLOGY AND PSYCHOTHERAPY, PLLC

ARTICLE II - Address:

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

399 WEST PALMETTO PARK ROAD, STE 106 BOCA RATON, FL 33432

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

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

ANTONIO ROTONDO 399 WEST PALMETTO PARK ROAD, STE 106 BOCA RATON, FL 33432

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 provider for in Chapter 605, F.S.

X YDYD

 \boxtimes

Registered Agent's Signature

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)

メンジが

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.)

ANTONIO ROTONDO

Typed or printed name of signee

ARTICLE V - Purpose: Neuropsychology and Psychotherapy

ARTICLE VI- Mcmber(s) & Managing Member(s)

The name(s) and address(s) of the initial member(s) of the Company is/are:

<u>NAME</u>

ADDRESS

TITLE

ANTONIO ROTONDO

399 WEST PALMETTO PARK ROAD. STE 106 BOCA RATON, FL 33432

MANGER

IN WITNESS WHEREOF, the undersigned member(s) has/have made and subscribed these Articles of Organization at LESTER BARRERAS, C.P.A., P.A. 1987 N.W. 88 CT., STE. 201 MIAMI, FL 33172 for the foregoing uses and purposes this 19th day of May, 2023.

X CINORIA

ANTONIO ROTONDO

1 1 E E D 1013 HAY 23 PH 4: 25