

L23000417523

Division of Corporations

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 : 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: _____

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2023 SEP -8 PM 2:35

FLORIDA LIMITED LIABILITY CO.

Christopher James MD, PLLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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2023 SEP -8 PM 1:04

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORIGATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **Christopher James MD, PLLC**

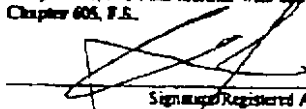
ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/mailling address is: **37026 US Hwy 19 N
Palm Harbor, FL 34684**

ARTICLE III Registered Agent, Registered Office & Registered Agent's Signatures:

The name and Florida Street address of the initial registered agent is: **Christopher James
37026 US Hwy 19 N
Palm Harbor, FL 34684**

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.



Signature Registered Agent

9/7/2023

Date

ARTICLE IV Manager(s)

The name, title and address of each person authorized to manage and control the Limited Liability Company:
**Christopher James - Manager
37026 US Hwy 19 N
Palm Harbor, FL 34684**

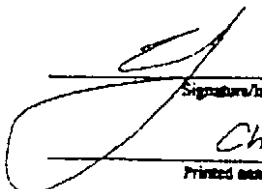
ARTICLE V EFFECTIVE DATE

The effective date of this filing: **Immediately upon filing**

ARTICLE VI BUSINESS PURPOSE

The business purpose of this business is: **Medical Services**

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)



Signature/Incorporator/MOR.
Christopher James

Printed name of Signer

9/7/2023

Date

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IN
CLERK'S OFFICE
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