

Oct 20 2023 18:01 PM Fax

10/20/23, 4: PM

Division of Corporations

L23000480791

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.

((H23000367764 3)))



H23000367764 3 ABC5

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.
MUGS CONSULTANTS, LLC

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

RECEIVED

2023 OCT 20 PM 4:24

FLORIDA
DIVISION OF
CORPORATIONS

FLORIDA
DIVISION OF
CORPORATIONS
TALLAHASSEE, FL

2023 OCT 20 PM 3:53

FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

MUGS CONSULTANTS, LLC.

ARTICLE II - ADDRESS:

The physical and mailing address of the Limited Liability Company is:

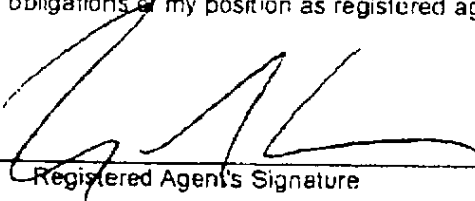
3544 Bay Island Circle
Jacksonville Beach, FL 32250

ARTICLE III - REGISTERED AGENT NAME, OFFICE & SIGNATURE:

The name and Florida street address of the registered agent are

Victor J. Melone
3544 Bay Island Circle
Jacksonville Beach, FL 32250

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, Florida Statutes.



Registered Agent's Signature

2023 OCT 20 PM 3:53
SECRETARY OF STATE
FLORIDA

FILED

ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):

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

Title:

Name & Address:

Managing Member

Victor J. Melone
3544 Bay Island Circle
Jacksonville Beach, FL 32250



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.)

Victor J. Melone

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FL

2023 OCT 20 PM 3:53

FILED