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TO:

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

From:

Account Name : FASTKIT CORP  
Account Number : 120100000009  
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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.  
513 NT St, LLC**

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

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2023 OCT 30 PM 4:42  
CLERK OF STATE  
TALLAHASSEE, FL

T. MATTHEWS

OCT 31 2023

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OCT 30 2023 PM 4:42

## ARTICLE I - Name:

The name of the Limited Liability Company is:

STATE OF FLORIDA  
TALLAHASSEE, FL513 NT St, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:Mailing Address:14577 Salt Meadow Drive.  
Pensacola, FL 3250714577 Salt Meadow Drive.  
Pensacola, FL 32507

## ARTICLE III - Registered Agent, Registered Office, &amp; 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 Florida registration.)

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

Glenn Fredrich

Name

14577 Salt Meadow Drive.Florida street address (P.O. Box **NOT** acceptable)PensacolaFL32507

City

State

Zip

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.

S Noted by original  
signature at 10/30/2023 Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

EMERALD TIDE CAPITAL, LLC  
14577 SALT MEADOW DRIVE,  
PENSACOLA, FL 32507

AMBR

ISLAND TIME EQUITY LLC  
7901 4TH ST N STE 300,  
ST. PETERSBURG, FL 33702

(Use attachment if necessary)


**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**


Signature  of an authorized representative of a member.  
 This document is in accordance with section 605.0203 (1) (b), Florida Statutes.  
 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.

Glenn Friedrich, as Manager of Emerald Tide Capital, LLC  
 Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)