

11/14/23, 3:11 PM

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: _____

FLORIDA LIMITED LIABILITY CO.

Dark Horse Professionals, LLC

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

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11/15/23

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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: **Dark Horse Professionals, LLC**

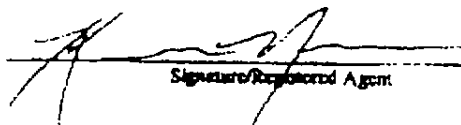
ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/mailling address is: 2717 Seville Blvd #24-102
Clearwater FL 33764

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

The name and Florida Street address of the initial registered agent is: Kenneth Hilton
2717 Seville Blvd #24-102
Clearwater FL 33764

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

11/14/23
Date

ARTICLE IV Manager(s)

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

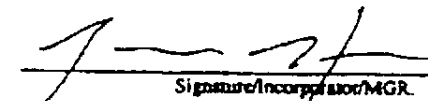
Kenneth Hilton - MBR/Mgr
2717 Seville Blvd #24-102
Clearwater FL 33764

ARTICLE V EFFECTIVE DATE

The effective date of this filing:

Upon receipt

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/MGR.
KENNETH HILTON
Printed name of Signee

11/14/23
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA