

2/15/24 2:32 PM

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FASTKIT CORP
Account Number : 120100000009
Phone : (305)599-0839
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.
Gulf Property Solutions, LLC

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

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2024 FEB 15 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FL

T. MATTHEWS

FEB 16 2024

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Help

ARTICLES OF ORIGATION FOR ~~FLORIDA~~ LIMITED LIABILITY COMPANY

2024 FEB 15 AM 11:31

ARTICLE I NAME

The name of the Limited Liability Company is: Gulf Property Solutions, LLC

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/mailing address is:

695 Anclote Road
Tarpon Springs FL 34689

The mailing address of the business is:

PO Box 304
Tarpon Springs FL 34688

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

The name and Florida Street address of the initial registered agent is:

Cory Palmer
695 Anclote Road
Tarpon Springs FL 34689

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

2-14-24

Date

ARTICLE IV Manager(s)

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

Cory Palmer
695 Anclote Road
Tarpon Springs FL 34689

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/Incorporation/MGR.

2-14-24

Date

Cory Palmer

Printed name of Signee