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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.
More Med Staffing, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2024 MAR 12 AM 11:24
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LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **More Med Staffing, LLC**

ARTICLE II PHYSICAL AND MAILING OFFICE ADDRESS

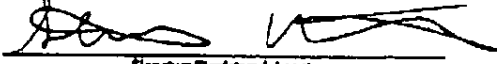
The physical place of business and mailing address is:

Physical and Mailing Address:
1008 Marsh View Lane
Tarpon Springs, FL 34689

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

The name and Florida Street address of the initial registered agent is: Steven Morett
1008 Marsh View Lane
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

3/8/24
Date

ARTICLE IV Managers

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

Steven Morett - Manager
1008 Marsh View Lane
Tarpon Springs, FL 34689

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TALLAHASSEE, FLORIDA

ARTICLE V EFFECTIVE DATE

The effective date of this filing: Immediately upon filing

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.817.135, F.S.)



Signature/Incorporator/MGR

3/8/24
Date

STEVEN MORETT
Printed name of filer