

8/28/24, 3:16 PM

Division of Corporations

Florida Department of State

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Division of Corporations
Electronic Filing Cover Sheet

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FL 29-24



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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. AUTOFI TRADE SOLUTIONS, LLC

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

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

2024 AUG 28 PM 3:06

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RECEIVED
2024 AUG 28 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

AUTOFI TRADE SOLUTIONS, 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:

13315 NW 13TH STREET

13315 NW 13TH STREET

PEMBROKE PINES, FL 33028

PEMBROKE PINES, FL 33028

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

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

JOSEPH WILLIAMS

Name

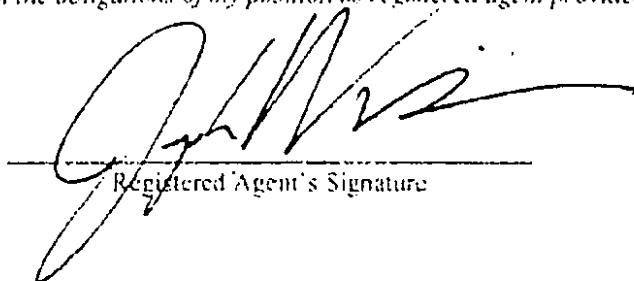
13315 NW 13TH STREET

Florida Street address (P.O. Box NOT acceptable)

PEMBROKE PINES, FL 33028

City, State, and 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 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 provided for in chapter 605 F.S.



Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR"= Authorized Member

"MGR"= Manager

Name and Address:

AMBR

JOSEPH WILLIAMS

13315 NW 13TH STREET

PEMBROKE PINES, FL 33028

(Use attachment if necessary)

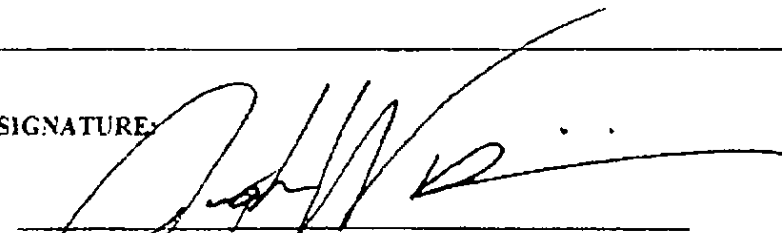
ARTICLE V: Effective date, if other than the date of filing _____ (Optional) 90
(If an effective date is listed, the date must be specific and cannot be more than five business
days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

For the purpose of broker loans for auto traders, vehicle registration, dealer license

For software vendors and any other type of business not listed.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 615.0203(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 817.155, F.S.)

JOSEPH WILLIAMS

Typed or printed name of signee

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DEPT OF STATE
FL

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