

9/17/24, 2:10 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

9/17/24

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000316722 3)))



H240003167223ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

2024 SEP 17 PM 2:56

SECRETARY OF STATE
 TALLAHASSEE, FL

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

Apostolu Ventures, LLC

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

24 SEP 17 PM 9:37

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORIGATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **Apostolu Ventures, LLC**

ARTICLE II PHYSICAL AND MAILING OFFICE ADDRESS

The physical place of business and mailing address is:

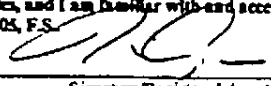
Physical and Mailing Address:
1717 Capri Lane
Tarpon Springs FL 34689

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

The name and Florida Street address of the initial registered agent is: **Nicholas Apostolu, Manager**
1717 Capri Lane
Tarpon Springs FL 34689

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 SEP 17 PM 9:37

I 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

09-16-2024
Date

ARTICLE IV Manager(s)

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

Nicholas Apostolu
1717 Capri Lane
Tarpon Springs FL 34689

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.817.155, F.S.)


Signature/Incorporator/MGR.

09-16-2024
Date

Nicholas Apostolu
Printed name of Signee