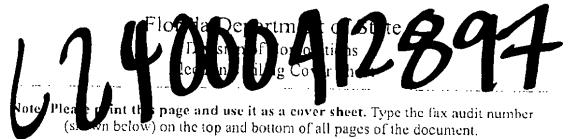
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OMsion of Corporations



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To:

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Fax Number : (850)617-6381

from:

Account Name : FASTKIT CORP Account Number : 120100000009 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 ore email address please.

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FLORIDA LIMITED LIABILITY CO.

Sandy Chews, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORIGINATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>ARTIC</u>	LEI	NA	ME

The name of the Limited Liability Company is: Sandy Chews, LLC

ARTICLE II PHYSICAL AND MAILING OFFICE ADDRESS

The physical place of business and mailing address is:

Physical and Mailing Address: 1916 Anclote Vista 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:

Matthew N. Winter 1916 Anclote Vista 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 detics, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

ARTICLE IV Manager(s)

Signature/Registered Agent

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

Matthew N. Winter, Manager 1916 Anclote Vista Tarpon Springs FL 34689

ARTICLE V REFECTIVE 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 (I) (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/MOR.

Printed name of Signer

9/25/24