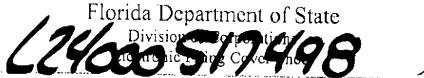
Division of Corporations



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.

(((1124000409561 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASIKIT 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. CCT ACCOUNT, LLC

Department für Udem an eine eine eine relation immer ist, der gegenemen beschieden. Bei Fr	Lava Survey Latin College Service College Serv
Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLOR	TO A LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
CCT ACCOUNT, LLC	
(Must contain the words "Limited Liabil	lty Company, "L.L.C.," or "LLC.")
RTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12266 DOVE RIDGE DRIVE JACKSONVILLE, FI, 32225	<u>ŞАМІ;</u>
RTICLE III - Registered Agent, Registered Office, & Reg	determined A
The Limited Liability Company cannot serve as its own Regist nother business entity with an active Florida registration.)	unered Agent's Signature: ered Agent. You must designate an individue
he name and the Florida street addings of the series	

me and the Florida street address of the registered agent are:

TINA SORKNESS		
-	Name	
12266 DOVE RIDGE	DRIVE	
Florida street address	(P.O. Box NOT a	oceptable)
JACKSONVILLE.	FL	32225
City	Sinte	Zin

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, R.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

24 DEC 12 PM 3: 1.2

Don ID: 10-E0d 4End02E041-E04402-hh 1-nE27-4-1464h

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address
MGR	TINA SORKNESS 12266 DOVE RIDGE DRIVE JACKSONVILLE, EL 32225
MER	RICHARD SORKNESS 1226 DOVERIDOEDRIVIS JACKSONVILLE FLEEZZZZZ
(Use attachment if measure)	·
of filing.). the date inserted in this block does not the	of filing: JANAUARY 1, 2025 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing regular ments, this date will not
EV: Effective date, if other than the date ective date is listed, the date must be apply filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any	need the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date extive date is listed, the date must be apply filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	need the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be sportiling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. Signature of a me This document is execut I am aware that any falso	need the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be sportiling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. Signature of a me This document is execut I am aware that any falso	meet the applicable statutory filing requirements, this date will not of State's records. Compared to a statutory filing requirements, this date will not of State's records. Compared to a statutory filing requirements, this date will not of State's records. Compared to a statutory filing requirements, this date will not of State and State of State o