

8/13/24, 4:31 PM

Division of Corporations

Florida Department of State  
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Electronic Filing Cover Sheet  
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To:

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

From:

Account Name : FASTKIT CORP  
Account Number : 122100000009  
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.**

**S Joyce Smith LLC**

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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

**S Joyce Smith LLC**

(Must end with the words "Limited Liability Company" "LLC" or "L.L.C.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is

**Principal Office Address:**

**Mailing Address:**

**4165 48<sup>th</sup> Place  
Vero Beach, FL 32967**

**4165 48<sup>th</sup> Place  
Vero Beach, FL 32967**

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active FL registration.)

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

**Sheila Smith  
4165 48<sup>th</sup> Place  
Vero Beach, FL 32967**

Having been named as registered agent and to accept service of process for the above state limited liability company at the place designated in this certification, 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.,

  
Registered Agent's Signature

**ARTICLE IV - Manager(s) or Managing Member(s):**

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

Title:

Name and Address:

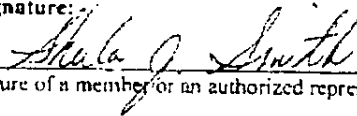
**Managing Member**

**Sheila Smith  
4165 48<sup>th</sup> Place  
Vero Beach, FL 32967**

**ARTICLE V - Effective date, if other than the date of filing: August 13, 2024**

(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.)

**Required Signature:**



Signature of a member or an authorized representative of a member

(In accordance with section 635 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Sheila Smith**

typed or printed name of signee

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