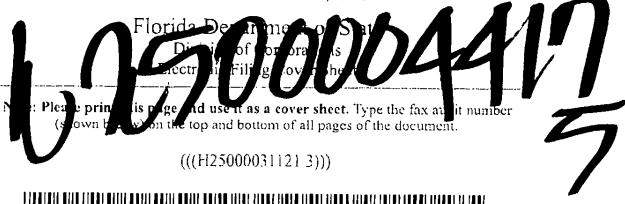
1/27/25, 3:03 PM

Division of Corporations



H250000311213ABCP

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 : (852)617-6381

From:

Account Name : FASTKIT CORP Account Number : 128100000009 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. JAR MANAGEMENT SERVICE ENTERPRISES LLC

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

Electronic Filing Menu Corporate Filing Menu

Help



January 28, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: JAR MANAGEMENT SERVICE COMPANY LLC

REF: W25000010382

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico Supervisor New Filing Section

FAX Aud. #: H25000031121 Letter Number: 225A00001675

• • •

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	JAR MANAGEMENT	SERVICE ENTE	RPRISES LLC	
(Must con	tain the words "Limited Li	ability Company, '	"L.L.C" or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	iddress of the principal off	ice of the Limited I	Liability Company is:	
Principal Office Address:			Mailing Address:	
1835	BAY DRIVE		1835 BAY DRIVE	
MIAMI E	BEACH, FL 33141		MIAMI BEACH, FL 33141	
another business entity with an a	active Florida registration.  address of the registered a	ogistored Agent. Y ) gent are: ASON CHANIN	t's Signature: ou must designate an individual or	
another business entity with an a	active Florida registration.  address of the registered at	ogistored Agent. Y ) gent are: <u>ASON CHANIN</u> Name	t's Signature: 'ou must designate an individual or	
True Limited Liability Company	active Florida registration.  address of the registered ap	ogistered Agent, Y ) gent are: ASON CHANIN Name (35 BAY DRIVE	ou must designate an individual or	
another business entity with an a	active Florida registration.  address of the registered a  J.  Florida street address (1	ogistered Agent, Y ) gent are: ASON CHANIN Name  35 BAY DRIVE P.O. Box NOT acc	ou must designate an individual or	
another business entity with an a	active Florida registration.  address of the registered ap	ogistered Agent, Y ) gent are: ASON CHANIN Name (35 BAY DRIVE	ou must designate an individual or	

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Same and Address:
MGR	JASON CHANIN
	1835 BAY DRIVE MIAMI BEACH, FL 33141
MGR	RYAN CHANTN 1010 SHORE LANE MIAMI BEACH, FL 33141
ICLE V: PURPOSE	ANY AND ALL LAWFUL BUSINESS
<u>URED</u> SIGNATURE:	D
This document is I am aware that ar	of a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statute by false information submitted in a document to the Department of a third degree felony as provided for in \$.817.155, F.S.
	JASON CHANIN
	Typed or printed name of signee