

L21000505439

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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.

(((H21000434873 3)))



H210004348733A9C%

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 : FASTKIT CORP
 Account Number : I20100000009
 Phone : (305)599-0839
 Fax Number : (305)592-9591

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2021 NOV 30 PM 1:32

FILED

****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.
 Saplings ABA, LLC**

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

2021 NOV 30 PM 2:15

850-617-6381

11/30/2021 11:58:10 AM PAGE 1/001 Fax Server



November 30, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

SUBJECT: SAPLINGS ABA, LLC
REF: W21000152562

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

The document is illegible and not acceptable for imaging.

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

Matthew T Moon FAX Aud. #: H21000434873
Regulatory Specialist II Supervisor Letter Number: 321A00028736
New Filing Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **Saplins ABA, LLC**

ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/ mailing address is:

Principal and Mailing Address: 3108 North Jefferson Street
Apt 203
Tampa FL 33603

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

The name and Florida Street address of the initial registered agent is:

Stacey Drongoski
3108 North Jefferson Street
Apt 203
Tampa FL 33603

Having been named as registered agent and to accept service of process for the above stated corporation 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, FS



Signature/Registered Agent

11/27/2021
Date

ARTICLE IV Managing Member(s)

Stacey Drongoski - Manager
3108 North Jefferson Street
Apt 203
Tampa FL 33603

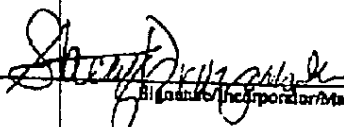
The name and address of the Managing Member(s) is as follows:

ARTICLE V EFFECTIVE DATE

The effective date of this filing:

Immediately upon filing.

Signature of managing member: In accordance with section 605.0203, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Signature/Incorporator/Managing Mbr.

Stacey Drongoski

Printed name of Signee

11/27/2021
Date