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	Account Name : FASTKIT CORP
	Account Number : I20100000009
	Phone : (305)599-0839
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*Enter	the email address for this business entity to be used for future

FLORIDA LIMITED LIABILITY CO. ö SHIVAM MEDICAL SUPPLIES LLC Certificate of Status Certified Copy Page Count Estimated Charge

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ARTICLES ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - NAME OF COMPANY

The name of this Limited Liability shall be SHIVAM MEDICAL SUPPLIES LLC

ARTICLE 2 - ADDRESSS OF PRINCIPAL OFFICE

The street address of the principal office of this Limited Liability Company shall be: 6307 NW 29 COURT, SUNRISE, FL 33313.

ARTICLE 3 - REGISTERED AGENT

The initial registered agent of this Company shall be NARENDRA POMAL whose address is 6307 NW 29 COURT, SUNRISE, FL 33313.

ARTICLE 4 -MANAGER

NARENDRA POMAL 6307 NW 29 COURT SUNRISE, FL 33313

BINA POMAL 6307 NW 29 COURT SUNRISE, FL 33313

ARTICLE 5 - TERM OF EXISTENCE

This partnership shall commence on MARCH 22, 2023 and shall exist perpetually, unless dissolved according to law.

In accordance with section 605.0203(1) (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.

NARENDRA POMAL

Manager

Having been named as registered agent and to accept service of process for the about stated limited liability company at the place designed in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity and to comply with the provisions of Chapter 605, Florida Statutes.

NARENDRA POMAL