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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : ANTONIO ALONSO, PLLC.  
Account Number : 20160000045  
Phone : (305) 606-0399  
Fax Number : (305) 677-0192

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: hocariz@oghcpa.com

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16 JUN 23 PM 4: 23

TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
Krinaca, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KRINACA, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

999 PONCE DE LEON BLVD  
SUITE 650  
CORAL GABLES, FL 33134

SAME

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 Florida registration.)

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

AXIAL MANAGEMENT SERVICES, LLC

Name

999 PONCE DE LEON BLVD., SUITE 650

Florida street address (P.O. Box NOT acceptable)

CORAL GABLES FL 33134

City

Zip

*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, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SPECIAL AGENT IN CHARGE  
TALLAHASSEE, FLORIDA

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