## Florida Department of State

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Division of Corporations

Fax Number : (650)617-6381

From:

Account Name : ANTONIO ALONSO, PLLC.

Account Number : I20160000045 : (305)606-0399 er : (305)672-0100 Phone 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

## FLORIDA LIMITED LIABILITY CO. Krinaca, LLC.

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

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H160001525793

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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 p	rincipal office of the Limited Liabili	ity Company is:
Principal Office Address:	Mailing Address:	
999 PONCE DE LEON BLVD.	SAME	
CORAL GABLES, FL 33134		
The Limited Liability Company cannot serve a mother business entity with an active Florida s The name and the Florida street address of the	registration.)	
AXIAL MANAC	GEMENT SERVICES, LLC Name	· 
999 PONCE (	DE LEON BLVD., SUITE 650	, 
Florida street address	(P.O. Box NOT acceptable)	
CORAL	GABLES n FL 33134	
City	Zip	
-	eby accept the appointment as regist rovisions of all Natutes relating to th	ered agent and agree to act in this se proper and complete performance
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<u>litle:</u>	Name and Address:
AMBR* = Authorized Member	
MGR" = Manager AMBR	MARY-ANN KRISTEL CASSIS
THE T	999 PONCE DE LEON BLVD., SUITE 650
	CORAL GABLES, FL 33134
MGR	MARY-ANN KRISTEL CASSIS
	999 PONCE DE LEON BLVD., SUITE 650
	CORAL GABLES, FL 33134
Use attachment if necessary)	
Use attachment if necessary)  V: Effective date, if other than the date with listed, the date was he en	of filing:
V: Effective date, if other than the date	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
V: Effective date, if other than the date tive date is listed, the date must be ap filing.)	of filing:
V: Effective date, if other than the date tive date is listed, the date must be ap filing.) VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five husiness days prior to or
V: Effective date, if other than the date five date is listed, the date must be ap filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:	ecific and cannot be more than five husiness days prior to or the first section of a member.
V: Effective date, if other than the date tive date is listed, the date must be ap filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a free (In accordance with section 60)	mber or an authorized representative of a member. 5,0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the date tive date is listed, the date must be ap filing.)  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a ine (In accordance with section 60 constitutes an affirmation under	recific and cannot be more than five husiness days prior to or security and cannot be more than five husiness days prior to or security and cannot be more than five husiness days prior to or security and cannot be made or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the date tive date is listed, the date must be ap filing.)  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a fine (In accordance with section 60 constitutes an affirmation under I am aware that any false information.	mber or an authorized representative of a member. 5,0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the date five date is listed, the date must be ap filing.)  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a line (In accordance with section 60 constitutes an affirmation under I am aware that any false inforcenstitutes a third degree felometer.	mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)  MARY-ANN KRISTEL CASSIS
V: Effective date, if other than the date tive date is listed, the date must be ap filing.)  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a line (In accordance with section 60 constitutes an affirmation under I am aware that any false inforcenstitutes a third degree felon	ecific and cannot be more than five husiness days prior to or section and cannot be more than five husiness days prior to or section of the common and authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)

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