

U48000229064

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.

((H18000281153 3))



H180002811533ABCS

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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*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.  
KANKAS3, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

~~2ND REQUEST~~

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FL

2018 SEP 27 AM 10:47

FILED

DocuSign Envelope ID: E9773870-5F25-4689-8497-BD833209BD3F

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:** The name of the Limited Liability Company is:

**Kankas3, 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:**

3057 NW 107<sup>th</sup> Avenue  
Doral, FL 33172

3057 NW 107<sup>th</sup> Avenue  
Doral, FL 33172

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:**

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

**WILLIAM CANALES RODRIGUEZ**

3057 NW 107<sup>th</sup> Avenue  
Doral, FL 33172

*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.*

DocuSigned by:  
  
CFP964F03E244A3 ...  
**Registered Agent’s Signature**

2018 SEP 27 AM 10:47  
CLERK OF STATE  
TALLAHASSEE, FL

**FILED**

DocuSign Envelope ID: E9773870-5F25-46B9-8497-BD6332098D3F

**ARTICLE IV – Manager(s) or Authorized Member(s):**

The name of each Manager or Authorized Member is as follows:

**Title:**

**Name and Address:**

MGR

WILLIAM CANALES-RODRIGUEZ

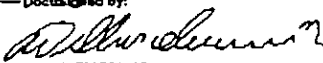
MGR

CHRISTOPHER CANALES-CASTILLO

MGR

NEPTALIA CASTILLO DE CANALES

**REQUIRED SIGNATURE:**

DocuSigned by:  
  
CF984F03E24A3

Signature of a member or an authorized representative of a member.

(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.)

**WILLIAM CANALES RODRIGUEZ**

Typed or printed name of signee

Document prepared by: William Canales Rodriguez