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

From: Account Name : R&P ACCOUNTING AND TAXES INC
Account Number : 120170000098
Phone : (305)358-1310
Fax Number : (305)503-6701

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

Email Address: arod8723@gmail.com

2022 DEC 28 AM 8:50
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
KLIN USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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2022 DEC 28 AM 8:10

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

ARTICLE I

The name of the Limited Liability Company and Effective day is:

JANUARY 1ST 2023

KLIN USA LLC

2022 DEC 28 AM 8:50
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

ARTICLE II

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

**Principal Office Address
7131 Gran National Drive Unit # 103
ORLANDO, FL 32819**

**Mailing Address
7131 Gran National Drive Unit # 103
ORLANDO, FL 32819**

2022 DEC 28 AM 8:50
TALLAHASSEE, FLORIDA

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:

ECCO PLANET CORP

None

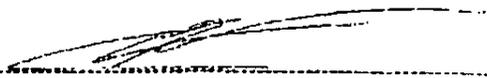
175 SW 7th SUITE # 1515

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

MIAMI, FL 33130

FL City, State, and 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.

X 

Registered Agent's Signature (REQUIRED)

ARTICLE IV

MGR=Manager(s) or AMBR=AUTHORIZED Member(s): The name and address of each Person authorized to manage and control the Limited Liability Company:

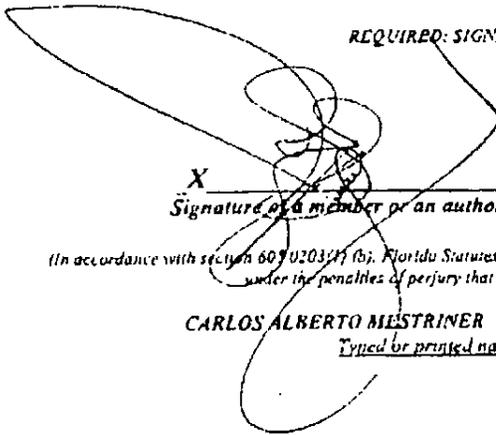
	<i>Title</i>	
NAKAR PARTICIPACOES LTDA <i>Rua Vereador José Firmin, N° 303</i> <i>Sala 62, Vila Angelica</i> <i>Birigui-SP CEP 16260-297</i>	AUTHORIZED MEMBER	100%
CARLOS ALBERTO MESTRINER <i>7131 Gran National Drive Unit # 103</i> <i>Orlando, FL 32819</i>	MANAGER	
VALDIR MESTRINER <i>7131 Gran National Drive Unit # 103</i> <i>Orlando, FL 32819</i>	MANAGER	

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ARTICLE V

Effective date, if other than the date of filing (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED: SIGNATURE



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

(In accordance with section 607.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

CARLOS ALBERTO MESTRINER / VALDIR MESTRINER
Typed or printed name of signer

ARTICLE VI

The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

The main objective of the company is: TRADINGS SHOES

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TALLAHASSEE, FLORIDA