## L16000041333

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100282809971

03/02/16--01001--009 \*\*125.00



16 MAR -1 ::: 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 0 2 2015

T SCHROEDER

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KM SW 80TH ST	LLC		<u>-</u>		
			-		
					Sala
15				Art of Inc. File	
				LTD Partnership File	<del></del>
				Foreign Corp. File	
			✓	L.C. File	r'
				Fictitious Name File	<del>_</del>
				Trade/Service Mark	_
				Merger File	
				Art. of Amend. File	-
			<u></u>	RA Resignation	
				Dissolution / Withdrawal	<del></del>
				Annual Report / Reinstatement	
			<del></del>	Cert. Copy	,
				Photo Copy	
				Certificate of Good Standing	
				Certificate of Status	<del></del>
			—	Certificate of Fictitious Name	
			ļ —	Corp Record Search	<del></del>
				Officer Search	
				Fictitious Search	
Signature	-	<del></del>	·	Fictitious Owner Search	<del></del>
				Vehicle Search	
				Driving Record	
Requested by: BA	2/26/16		ļ <del></del>	UCC 1 or 3 File	
Name	Date	Time		UCC 11 Search	
				UCC 11 Retrieval	
Walk-In	_ Will Pick Up		1	Courier	

## **COVER LETTER**

	Rogistration Section Division of Corporations
SUBJEC	KM SW 80th St LLC
	Name of Limited Liability Company
The enclo	sed Articles of Organization and foc(s) are submitted for filing.
Plaase ret	urn all correspondence concerning this matter to the following:
	Raul E. Salas
	Name of Person
	Raul E. Salus, P.A.
	Firm/Company
	6301 Sunset Drive, Suite 203
	Address
	South Miami, FL 33143
	City/State and Zip Code rsains@realnslaw.com
	E-mail address: (to be used for future annual report notification)
For further	information converning this matter, please call:
	Raul E. Sales ,305 665-8625
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00 [	'iling Fee \$\int \text{\$130.00 Filing Fee & S160.00 Filing Fee.}\ \text{Certified Copy}\ \text{(additional copy is enclosed)}\ \text{Certified Copy}\ \text{(additional copy is enclosed)}\ \text{Certified Copy}\ \text{(additional copy is enclosed)}\
	Malling Address New Filing Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314  Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabi	lity Company is:				
KM SW 80th St L	.C d with the words "Limited	Liability Company, "I	. I. C." or "I.L.C.")		
ARTICLE II - Address: The mailing address and street					
Princ	Principal Office Address: Malling		Molling Ad	dress:	
4850 SW 80 Street Miami, FL 33143	4850 SW 80 Street Miami, FL 33143		4850 SW 80 Street Missni, FL 33143		
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida street	ny cannot serve as its own n active Florida registratio	Registered Agent. You on.)	i Signature: u must dosignate an i	individual or	
	Raul E. Salas, Esq				
		Name			
	6301 Sunset Drive, S				
		s (P.O. Box <u>NOT</u> acce	•		
	South Minmi City	FL State	33143 Zip		
ilaving been named as registere place designated in this certifica further agree to comply with the am familiar with and accept the	ta, I haraby accept the app provisions of all statutes r obligations of my position	piniment as registered e elating to the proper an	agent und ugree to a al complete performa provided for in Chap.	et in this copacity. I mee of my duties, and I	
		(CONTINUED)		<b>16  </b> SEORE	
		Page I of 2		HAR -1 11 10:57 RETARY OF STATE AHASSEE, FLORIDA	

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Titles Name and Address: "AMBR" = Authorized Member "MGR" = Manager Alfredo Emanuel Kunhardt Suarez MOR 4850 SW 80 Street Miaml, FL 33143 (Use attachment (finecessary) ARTICLE V: Effective date, if other than the date of filling: February 29, 2016 . (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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, P.S. Raul B. Salas, Esq.

Typed or printed name of signee Ciling Feest \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of 2

.,