

L12000072014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

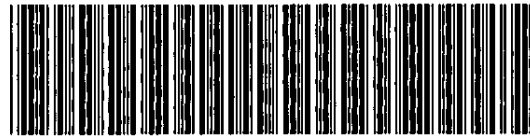
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800235550248

05/29/12--01054--030 \*\*125.00

T. CLINE

MAY 30 2012

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY 29 PM 2:56

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KM6 Engineering & Construction LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos E. Varela

Name of Person

KM6 Engineering & Construction LLC

Firm/Company

3245 NE 184th St # 13107

Address

Aventura FL 33160

City/State and Zip Code

CVARELA-MECA@Hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS E. VARELA

Name of Person

at ( 786 ) 251 1999

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### Mailing Address

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### Street/Courier Address

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2012 MAY 29 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

KM6 Engineering & Construction 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:

3245 NE 184th St  
# 13107 Aventura Fl  
33160

#### Mailing Address:

3245 NE 184th St  
# 13107 Aventura Fl  
33160

### 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:

ERICK DIFALCO

Name

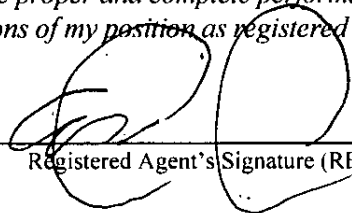
2070 NW 79th Ave

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

DORAL FL 33122

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 608, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2012 MAY 29 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

CARLOS E. VAREIA  
3215 NE 184th # 13107  
AVENUE FL 33166

MGR

ANA DIPAICO  
10989 NW 62 TER  
DORAL FL, 33178

MGR

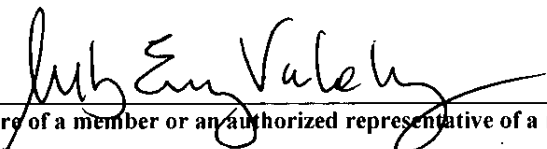
ERICK DIPAICO  
2070 NW 79th AV  
DORAL FL, 33122

(Use attachment if necessary)

**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:**

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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, F.S.)

CARLOS E. VAREIA  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED  
2012 MAY 29 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA