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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

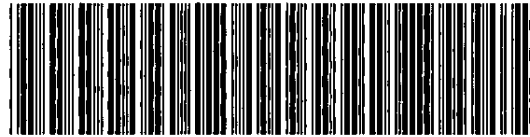
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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EFFECTIVE DATE 01-06-14

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TALLAHASSEE, FLORIDA

B. POSTICK

DEC 11 2013

(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Karry Export & Import, 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:

**Kari Moore**

Name of Person

**Karry Export & Import, LLC**

Firm/Company

**13900 Jog Road, Suite 203-313**

Address

**Delray Beach, FL 33446**

City/State and Zip Code

**karry@karryexportimport.com**

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

For further information concerning this matter, please call:

**Kari Moore**

Name of Person

at ( **954** ) **410-1150**

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

TALLAHASSEE, FL 32301  
2012 DEC -9 PM 4:30

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Karry Export & Import, 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:

13900 Jog Road

Suite 203-313

Delray Beach, FL 33446

#### Mailing Address:

13900 Jog Road

Suite 203-313

Delray Beach, FL 33446

### 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:

Larry Rojas

Name

108 NE 16th Avenue, Apt. 201

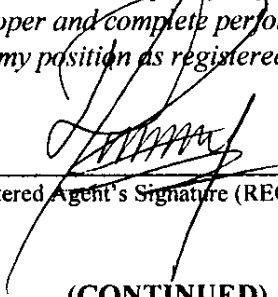
Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale, FL 33301 FL

City, State, and Zip

2018 DEC -9 PM 4:27  
TALLAHASSEE, FLORIDA

*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)

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

"MGRM" = Managing Member

**Kari Moore**

6203 Hitchin Post Way

Delray Beach, FL 33484

**MGR**

MGR

**Larry Rojas**

108 NE 16th Avenue, Apt. 201

Fort Lauderdale, FL 33301

**ARTICLE V:** Effective date, if other than the date of filing: January 6, 2014. (OPTIONAL)

**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.)

KARI MOORE  
Typed or printed name of signee

Typed or printed name of signee

**\$ 5.00 Certificate of Status (Optional)**