

L14000179874

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(Address)

(City/State/Zip/Phone #)

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2014 NOV 14 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FL 32304

FILED

NOV 20 2014

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Registration Section
2014
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Pompano Beach, Nov 12th,

Dear Madam or Sir:

Please find attached the articles of organization for:

Kashikai Décor, LLC
457 W Plam Aire Dr
Pompano Beach, FL 33069

You can reach me at (954)338-9295

Regards,

Elda S. Morales

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TALLAHASSEE, FL 32304

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kashikai Décor, 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:

Elda Saavedra Morales

Name of Person

Kashikai Decor, LLC

Firm/Company

457 W Palm Aire Dr

Address

Pompano Beach, FL 33069

City/State and Zip Code

eldasaavedra@hotmail.com

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

For further information concerning this matter, please call:

Elda S Morales

Name of Person

at (954)

Area Code

338-9295

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

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TALLAHASSEE, FL 32301
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kashikai Décor, 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:

Mailing Address:

Elda S. Morales

Oscar J. Morales

457 W Palm Aire Dr - Pompano Beach, FL

457 W Palm Aire Dr - Pompano Beach, FL

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:

Elda S. Morales

Name

457 W Palm Aire Dr

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

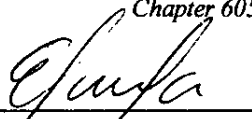
Pompano Beach

City

FL 33069

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

Elda S. Morales
457 W Palm Aire Dr
Pompano Beach, FL 33069

Oscar J. Morales
457 W Palm Aire Dr
Pompano Beach, FL 33069

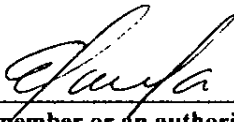
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

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.)

Elda Saavedra Morales

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)