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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KIIMAK CONSULTING 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:

GREGORIO CASTAÑEDA GARCIA

Name of Person

KIIMAK CONSULTING LLC.

Firm/Company

19400 TURNBERRY WAY SUITE #1531

Address

AVENTURA , FLORIDA 33180

City/State and Zip Code

WILMORA2004@YAHOO.COM

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

For further information concerning this matter, please call:

GREGORIO CASTANEDA GAR 786 7121221

Name of Person

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 Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KIIMAK CONSULTING 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:

19400 TURNBERRY WAY , SUITE 1531
AVENTURA, FLORIDA 33180

Mailing Address:

15646 SW 40 ST
MIRAMAR, FLORIDA 33027

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:

GREGORIO CASTAÑEDA GARCIA

Name

19400 TURNBERRY WAY , SUITE 1531

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

AVENTURA, FLORIDA 33180

City

State

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..

GREGORIO CASTAÑEDA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA

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

Name and Address:

GREGORIO CASTAÑEDA GARCIA

19400 TURNBERRY WAY, SUITE 1531

AVENTURA, FLORIDA 33180

MGR

LUZ E. AVILA

19400 TURNBERRY WAY, SUITE 1531

AVENTURA, FLORIDA 33180

(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.)

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:

GREGORIO CASTAÑEDA

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.)

GREGORIO CASTANEDA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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STATE OF FLORIDA