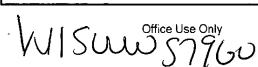
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FLORIDA DEPARTMENT OF STATE REPARTMENT OF STATE Division of Corporations

September 1, 2015

JOSE GUADALUPE COVARRUBIAS 16780 SE 25TH AVE SUMMERFIELD, FL 34491

SUBJECT: K & K SOLUTIONS, LLC. Ref. Number: W15000057960

We have received your document for K & K SOLUTIONS, LLC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 315A00018427

COVER LETTER

	vision of Corporations			
SUBJECT	Covarrubias Solutions, LLC.			
SUBJECT	Name of Limited Liability Company			
The enclose	ed Articles of Organization and t	fee(s) are submitted for filing.		
Please retu	rn all correspondence concerning	g this matter to the following:		
	Jose Guadalupe Covarrubias			
		Name of Person		
	_			
		Firm/Company		
	16780 SE 25th Ave			
		Address		
	Summerfield, FL 34491			
•	covarrubiassolutions@outlook.c	City/State and Zip Code		
_	E-mail address: (to	be used for future annual report notification)		
For further in	nformation concerning this matte	er, please call:		
	Evelia Obeso	352 426-2399 at ()		
	Name of Person	Area Code Daytime Telephone Number		
Enclosed is	a check for the following amou	nt;		
	iling Fee \$130.00 Filing F Certificate of So	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,		
	Mailing Address New Filing Section	Street Address New Filing Section		

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			44.4	
The name of the Limited Lia	bility Company is:			
	. 😅			
Covarrubias Solu	itions, LLC.			
(Must	end with the words "Limited	d Liability Company	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stre	et address of the principal of	office of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
16780 SE 25th A	16780 SE 25th Ave		16780 SE 25th Ave	
Summerfield, FL	34491		Summerfield, FL 34491	
another business entity with an active Florida registration.) The name and the Florida street address of the registered agent a		•	Service Control	
	Jose Guadalupe Cov	arruþias	· ;	
		Name		
	16780 SE 25th Ave			
	Florida street address (P.O. Box		cceptable)	
	Summerfield	Florida	34491	
	City	State	Zip	
ace designated in this certific rther agree to comply with th	cate, I hereby accept the app ne provisions of all statutes r e obligations of my position	ointment as register elating to the proper	e above stated limited liability competed agent and agree to act in this call and complete performance of my pas provided for in Chapter 605, F.S. ure (REQUIRED)	pacity. I duties, and
		The state of the s		5

	<u>Title:</u> "AMBR" = Authorized	i Member	Name and Address:
	"MGR" = Manager		
	MGR		Jose Guadalupe Covarrubias
			16780 SE 25th Ave
			Summerfield, FL 34491
	AMBR		Evelia Obeso
	<u> </u>	-	16780 SE 25th Ave
			Summerfield, FL 34491
	-	_	
		-	
	(Use attachment if nece	essary)	
RTIC	LEV: Effective date, if of	other than the date of filing	: (OPTIONAL)
an et		date must be specific an	d cannot be more than five business days prior to or 90 days after
		e black does not most the	applicable statutory filing requirements, this date will not be listed a
date	It the data incorted in this		applicable statutory fitting requirements, this date will not be fisted a
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date ote:		the Department of State'	s records.
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e date lote: l le doci	ument's effective date or	if any.	s records.

Signature of 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, F.S.

Jose Guadalupe Covarrubias

Typed or printed name of signce

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

1 1 2

\$ 5.00 Certificate of Status (Optional)