P. 001/003

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. KAM SALES, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

PMI2: 0.15 DEC 17 PH 2: 10

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
KAM Sales, LLC (Must end with the words "I	imited Liability Company, "L.L.C.," or "I.L.C.")
ARTICLE II - Address: The mailing address and street address of the print	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
260 NW 107+L Ave Apt 203 Miani, FL 33172	760 NW 1077L AVE Apt 203 Mani, FL 33172
another business entity with an active Florida reg. The name and the Florida street address of the reg.	its own Registered Agent. You must designate an individual or ristration.) ristered agent are:
	Nendez Name
5151 collin	s Auc Apt 1722
Plorida street address (P.	O. Box NOT acceptable)
<u>Miani Be</u>	Zip Zip
City	Zip
the place designated in this certificate, I hereb, capacity. I further agree to comply with the pro- of my duties, and I am familiar with and accept	scept service of process for the above stated limited liability company at y accept the appointment as registered agent and agree to act in this visions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S Signature (REQUIRED)

(CONTINUED)

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15 DEC 17 PM 12: 07

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" - Manager	Mark no. la
MGR	Keein Mender Siss colling due April722 Mani Reach FL 33/40
	Sist calling Auc Apt 1722
	miami Beach FL 33140
MGR	Alex Martinez 11782 sw 31st Ter.
	11787 SW 21St 940
	Miami FL 33175
(Use attachment if necessary)	
EV: Effective date, if other then the cetive date is listed, the date must be filling.)	date of filing: 01/01/16 (OPTIONAL) especific and cannot be more than five business days prior to or 9
f filing.)	date of filing: $\frac{0 l/o l/i b}{l}$ (OPTIONAL) e specific and cannot be more than five business days prior to or 9
f filing.)	date of filing: $\frac{01/01/i6}{i6}$ (OPTIONAL) e specific and cannot be more than five business days prior to or 9
f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	
f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	•
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sector constitutes an affirmation I am aware that any false)	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, is information submitted in a document to the Department of State
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sections an affirmation I am aware that any false)	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, is information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.)
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sections an affirmation I am aware that any false)	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this documen on under the penalties of perjury that the facts stated herein are true, is information submitted in a document to the Department of State