

L16000125354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

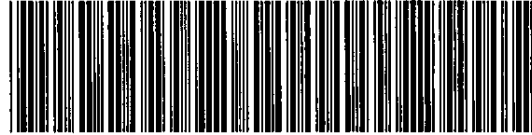
(Business Entity Name)

(Document Number)

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

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FILED  
16 JUN 29 AM 7:54  
FBI/DOJ

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KPS INN 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:

Jaime Sanchez

\_\_\_\_\_  
Name of Person

Escamilla & Poneck LLP

\_\_\_\_\_  
Firm/Company

431 Wolfe Road Ste. 101

\_\_\_\_\_  
Address

San Antonio, Texas 78216

\_\_\_\_\_  
City/State and Zip Code

js@txvisa.com

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

For further information concerning this matter, please call:

Jaime Sanchez

210

8589681

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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**

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

**Street Address**

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:

The name of the Limited Liability Company is:

KPS INN 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:

2642 Holly Pine Circle

Orlando, Florida 32820

2642 Holly Pine Circle

Orlando, Florida 32820

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:

Edison Herman Espinoza Silva

Name

2642 Holly Pine Circle

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

Orlando

Florida

32820

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.,

Edison Herman Espinoza Silva  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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RECEIVED  
JUN 29 2016  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF ORANGE, 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

AMBR

**Name and Address:**

Edison Hernan Espinoza Silva

2642 Holly Pine Circle

Orlando, Florida 32820

AMBR

KPS Pallet S.A

2642 Holly Pine Circle

Orlando, Florida 32820

(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.

Edison Hernan Espinoza Silva & Elizabeth Esther Chipe Aristegui Will have banking powers both separately and jointly.

**REQUIRED SIGNATURE:**

Signature of a member of 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 § 817.135, F.S.

Edison Hernan Espinoza Silva

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)