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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	Registration Section Division of Corporations
SUBJECT	Karis Promoting, LLC.
000000	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Karis A. James
	Name of Person
	Karis Promoting, LLC.
	Firm/Company
	648 Mandalay Grove Court
	Address
	Merritt Island, FL 32953
	City/State and Zip Code
	KarisJames@iCloud.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Karis A. James 321 917-1674
	Name of Person Area Code Daytime Telephone Number
Englaced	is a check for the following amount:
\$125.00 F	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 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 Liabili	ty Company is:			
Karis Promoting, L				
(Must end	with the words "Limited	l Liability Co	mpany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal o	ffice of the L	imited Liability Company is:	
<u>Princir</u>	pal Office Address:		Mailing Address:	
648 Mandalay Gro	ve Court		648 Mandalay Grove Court	
Merritt Island,FL 3			Merritt Island,FL 32953	
		<del></del>		<del></del>
ARTICLE III - Registered Ag	ent. Registered Office.	& Registere	d Agent's Signature:	
			Agent. You must designate an individua	l or
another business entity with an	active Florida registratio	n.)		
The name and the Florida street	address of the registered	agent are:		<b>₽</b> 0 <u>-</u>
The hance and the Profile street	address of the registered	agent are.		
	Karis A. James			소문 G
		Name		්ර් <b>ය</b>
	648 Mandalay Grov	ve Court		
	Florida street address		NOT acceptable)	AM II:
	Momitt Island	<b>E</b> 1	32953	
	Merritt Island City	FL State	Zip	25 Z
	City	State	Zip	1.5
Having been named as registered	agent and to accept servi	ice of process	for the above stated limited liability con	npany at the
			egistered agent and agree to act in this c	
			proper and complete performance of my agent as provided for in Chapter 605, F	
um jaminar wiin ana accept the of	nigations of my position (	as registerea /	agent as provided for in Chapter 605, F	
	9	14.	11 1/2 21	
		aris.	a cames	
	Kegiste	ered Agent's	Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager President ; ANBR	Karis A. James
Tresident, ARBR	648 Mandalay Grove Court
	Merritt Island, FL 32953
	(Space)
Vice President , AMBR	LeandroM. James
	648 Mandalay Grove Court
	Merritt Island, FL 32953
<del></del>	
	<del></del>
(Use attachment if necessary)  EV: Effective date, if other than the date to the date is listed, the date must be so filling.)	Sept 1, te of filing: duly 23, 2016 (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date extive date is listed, the date must be s f filing.) the date inserted in this block does not ment's effective date on the Departmen	te of filing: duly 23, 2016 (OPTIONAL)  pecific and cannot be more than five business days prior to or 90  meet the applicable statutory filing requirements, this date will no
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E V: Effective date, if other than the date extive date is listed, the date must be s f filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a man This document is exect a man aware that any fall	meet the applicable statutory filing requirements, this date will not to of State's records.  The period of State in a document to the Department of State in a document
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