

L16000174867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/16/16--01008--013 **155.00

16 SEP 16 AM 10:34
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

CARROLL LAW FIRM

**COURTHOUSE TOWER
44 WEST FLAGLER STREET
SUITE 900
MIAMI, FLORIDA 33130**

**TELEPHONE: (305) 372-2445
TELEFAX: (305) 372-5977
LCARROLL@CARROLL-LAW-FIRM.COM**

September 13, 2016

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: **KSI - KSA, LLC**

Dear Sir/Madam:

Enclosed are the Articles of Organization of **KSI - KSA, LLC**, executed by me as Resident Agent and by my client, Jose Solares, as an Authorized Member of the above LLC. Also enclosed is my office's check in the amount of \$155, representing the Filing Fees on behalf of Ksi-Ksa, LLC and for a copy of the Certificate of Status that I am requesting be returned to this office in the self-addressed stamped envelope being provided.

Very truly yours,


LINDA L. CARROLL

LLC/gs
enc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KSI - KSA, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Jose Solares
(Contact Person)
c/o Ksi - Ksa, LLC
(Firm/Company)
2940 South Miami Avenue
(Address)
Miami, Florida 33129
(City, State and Zip Code)
JoseSolares0@gmail.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Linda L. Carroll, Esquire at (305) 372-2445
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input checked="" type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KSI - KSA, 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:

2940 South Miami Avenue

Miami, Florida 33129

Mailing Address:

same as Principal address

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:

LINDA L. CARROLL, ESQUIRE

Name

44 West Flagler Street, Suite 900

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

Miami,

City

FL 33130

Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Jose Solares

2940 South Miami Avenue

Miami, Florida 33129

Manager

Aniceto Solares

2951 South Bayshore Drive, Unit #1113

Miami, Florida 33133

(Use attachment if necessary)

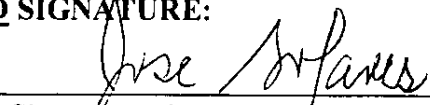
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



Signature of a 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 Solares

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)

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TALLAHASSEE, FLORIDA