

L1600177614

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000236319 3)))



H160002363193ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
B216KC. LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

16 SEP 22 PM 3:57

FLORIDA
DIVISION OF
CORPORATIONS
FILING SERVICES
INFORMATION

16 SEP 22 AM 11:04

FLORIDA
STATE
SECRETARY
OF
TREASURY

Electronic Filing Menu

Corporate Filing Menu

Help

mim

H16000236319

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B216KC, 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:

1620 S Ocean Blvd, Apt 6H
Pompano Beach, Florida 33062

Mailing Address:

1620 S Ocean Blvd, Apt 6H
Pompano Beach, Florida 33062

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:

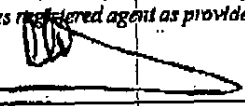
Hariberto Milrud
Name

1620 S Ocean Blvd, Apt 6H

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

Pompano Beach	Florida	33062
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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
SEP 22 2016
STATE
OFFICE
TALLAHASSEE, FLORIDA

H16000236319

H16000236319

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**Heriberto Miltud1620 S Ocean Blvd, Apt 6HPompano Beach, 33062MGRGraciela Sam Schkolnik1620 S Ocean Blvd, Apt 6HPompano Beach, 33062

(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.

Heriberto Miltud

Typed or printed name of signer

16 SEP 22 AM 11:04

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H16000236319