

217000 117673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

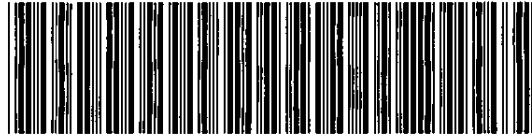
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200299721532

05/31/17--01011--009 **125.00

RECEIVED
DEPARTMENT OF REVENUE
17 MAY 31 AM 11:09

17 MAY 31 PM 2:09

M. MOON
MAY 31 2017

SUNSHINE CORPORATE FILING OF FLORIDA

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 5/30/17

Check No. _____

Name: Khatch you later LLC

Document #: _____

Order #: jnewsome pro-Filedocs

Certified Copy of Arts
& Amend:

Plain Copy:
Certificate of Good
Standing:

Apostille/Notarial
Certification:

Country of Destination: _____
Number of Certs: _____

Filing:

X

Certified:

Plain:

COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 125.00

17 MAY 31 PM 2:09

550
711

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Khatch you later, 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:

17887 Cadena Drive
Boca Raton, FL 33496

Mailing Address:

17887 Cadena Drive
Boca Raton, FL 33496

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:

Ardaches Khatchikian

Name

17887 Cadena Drive

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

Boca Raton
City

FL
State

33496
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)

17 MAY 31 PM 2:09

SEP 10 2013
MID

ARTICLE IV -

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Ardaches Khatchikian
17887 Cadena Drive
Boca Raton, FL 33496

.....

.....

.....

.....

(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.

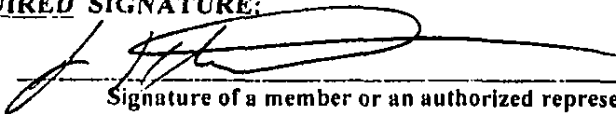
ARTICLE VI: Other provisions, if any.

.....

.....

.....

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.

Ardaches Khatchikian, Authorized Member

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)

17 MAY 31 PM 2:09
SET
FILE
NAME
NO.