

# Florida Department of State

Division of Corporations  
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DIVISION OF CORPORATIONS  
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## FLORIDA LIMITED LIABILITY CO. KP ADVANCE GROUP LLC

Certificate of Status	1
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March 8, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: KP ADVANCE GROUP  
REF: W18000022752

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

List the title in ARTICLE IV

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: H18000075136  
Letter Number: 018A00004742

H18000075136

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "LLC," or "LLC.")

KP Advance Group LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

890 SW 154 path  
Miami FL 33194

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: (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.)

Nelida Moreira Salgado  
890 SW 154 path  
Miami FL 33194

**ARTICLE IV-**

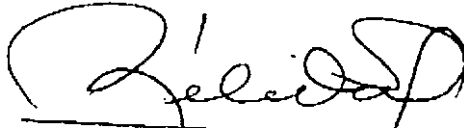
The name and title of each person authorized to manage and control the Limited Liability Company:

Nelida Moreira Salgado  
(AMBR)

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Required Signatures:

H18000075136

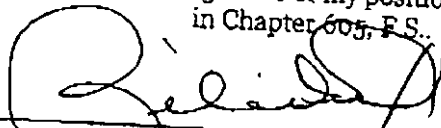


Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Nelida Moreira Salgado  
Typed or printed name of signee

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)

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