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(Requestor's Name)
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ADEO LE LA TIVA

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 3Kz Unlimited LLC Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) are	-	
Please return all correspondence concerning this ma	atter to the following:	
Kareem A Amos	Name of Person	
3Kz Unlimited LLC	Firm/Company	
640 TOMER OROVE DR	1 min Company	
610 TOWER GROVE DR	Address	···
PLANT CITY, FL 33567	ity/State and Zip Code	
kareemamos@gmail.com E-mail address: (to be used	d for future annual report notifica	tion)
For further information concerning this matter, plea	ise call:	
Kareem A Amos at (at (863 205 - 120 Area Code Daytime Tel	10 ephone Number
Enclosed is a check for the following amount:		
☑ \$125.00 Filing Fee	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Addr Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporat Clifton Building	ions

Tallahassee, FL 32314

61:1 NA 中 N 1:16

2661 Executive Center Circle

Tallahassee, FL 32301

BECEINED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
3Kz Unlimited LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
610 TOWER GROVE DR PLANT CITY, FL 33567	610 TOWER GROVE DR PLANT CITY, FL 33567
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent, You must designate an individual or
The name and the Florida street address of the registered a	agent are:
Kareem A Amos	
Name	
610 TOWER GROVE DR Florida street address (P.O. Box	NOT acceptable)
PLANT CITY	FL 33567
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and decept the obli	vice of process for the above stated limited liability company a the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S
(CONTINUE	ED)
Page 1 of 2	

SIGNED BY 1118
SECENCED

itle:	Name and Address:
AMBR" = Authorized Member	· · · · · · · · · · · · · · · · · · ·
AGR" = Manager	
IGR	Kareem A Amos
	610 TOWER GROVE DR
	PLANT CITY, FL 33567
	
	
V: Effective date, if other than the dat	te of filing:
tive date is listed, the date must be s filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9
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V: Effective date, if other than the dat tive date is listed, the date must be s filing.) VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 9
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V: Effective date, if other than the dat tive date is listed, the date must be s filing.) VI: Other provisions, if any. EQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the dat tive date is listed, the date must be s filing.) VI: Other provisions, if any. FOUIRED SIGNATURE: Signarate of a m (In accordance with section 6	pecific and cannot be more than five business days prior to or 9 member or an authorized representative of a member. member or an authorized statutes, the execution of this document
V: Effective date, if other than the dat tive date is listed, the date must be s filing.) VI: Other provisions, if any. FOUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und	pecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the dat tive date is listed, the date must be s filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the dative date is listed, the date must be stilling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und 1 am aware that any false infoconstitutes a third degree felo	nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
V: Effective date, if other than the dative date is listed, the date must be stilling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

MINION - F BH II SU BECENAID

3Kz Unlimited LLC 610 TOWER GROVE DR PLANT CITY, FL

INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of 3Kz Unlimited LLC:

Kareem A Amos 610 TOWER GROVE DR PLANT CITY, FL 33567

Kareem A Amos, Organizer

5/29/18

PROECE CARD