

L18000201239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

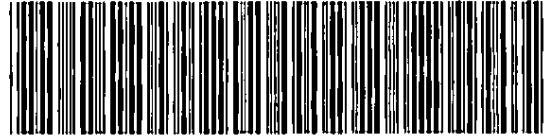
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300317539213

08/23/18--01001--008 **125.00

RECEIVED

18 AUG 22 PM 4: 19

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-11-2001 BY 60322 UCBAW

דבר

18 AUG 22 AM 9:18

CLERK OF STATE
TALLAHASSEE, FLORIDA

AUG 23 20'

T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KAWAMA N2, LLC

Signature _____

Requested by: Seth

08/21/18

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**ARTICLES OF ORGANIZATION
OF
KAWAMA N2, LLC**

The undersigned, for purposes of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, hereby makes, acknowledges and files the following Articles of Organization.

1. The name of the limited liability company is KAWAMA N2, LLC (the "Company").
2. The mailing and street address of the principal office of the Company is:

1417 SOROLLA AVE
CORAL GABLES, FL 33134

3. The name and street address of the initial registered agent of the Company are:

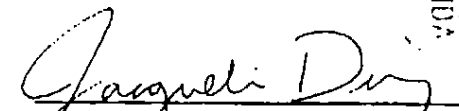
Jonathan M. Steszewski
2600 Douglas Rd. Suite 717
Coral Gables, Florida 33134

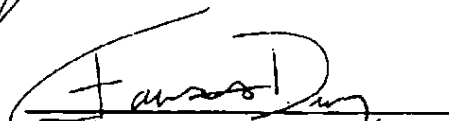
4. The Company shall be manager-managed. The name and address of the Managers of the Company are:

JACQUELINE DIAZ
1417 SOROLLA AVE
CORAL GABLES, FL 33134
and

FAUSTO DIAZ JR
1417 SOROLLA AVE
CORAL GABLES, FL 33134

Dated: as of August 22, 2018.


JACQUELINE DIAZ, Manager


FAUSTO A. DIAZ, Manager

FILED
18 AUG 22 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT**

The undersigned, who has been designated in the foregoing Articles of Organization as registered agent for the Company, hereby agrees that the undersigned will accept service of process for and on behalf of the Company and will comply with any and all laws relating to the complete and proper performance of the duties and obligations of a registered agent of a Florida limited liability company.

Dated: as of August 22, 2018.

By: _____

Jonathan Steszewski, Esq.

FILED

18 AUG 22 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA