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Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****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.
KIKIRIKI, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
KIKIRIKI, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **KIKIRIKI, LLC**

ARTICLE II: - Address

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

**Mercatenerife, Complejo D
Nave 1, 38110 S/C de Tenerife
Canary Islands, Spain**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

**Capitol Corporate Services, Inc.
515 E. Park Avenue, Floor 2
Tallahassee, FL 32301**

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.

CAPITOL CORPORATE SERVICES, INC., as Registered Agent

By: Kim Tadlock

Name: Kim Tadlock

Title: Asst. Sec. on behalf of Capitol Corporate Services, Inc.

ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

Title:

Name and Address:

AMBR

Zuma Sec, S.L.U.
Mercatenerife, Complejo D
Nave 1, 38110 S/C de Tenerife
Canary Islands, Spain

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TALLAHASSEE, FL

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on June 3rd, 2019.

/s/ Carlos Francisco Diaz Bacallado

Carlos Francisco Diaz Bacallado, 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 Section 817.155, Florida Statutes.)

Carlos Francisco Diaz Bacallado

Typed or printed name of signee