

L19000180658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

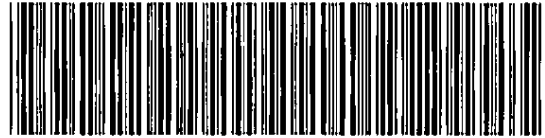
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ARTICLES OF ORGANIZATION
FOR LIMITED LIABILITY COMPANY

ARTICLE I-NAME:

The name of the Limited Liability Company is: K2 LIVING WELL, LLC.

ARTICLE II - ADDRESS:

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

150 Oakledge Drive
Rockledge, FL 32955

ARTICLE III - REGISTERED AGENT:

The name and street address of the initial registered agent is:

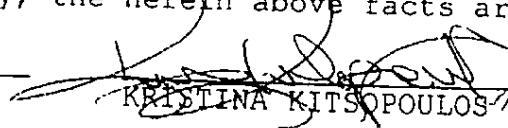
KRISTINA KITSOPOULOS
150 Oakledge Drive
Rockledge, FL 32955

ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by the members.

Under the penalties of perjury, the herein above facts are true.

Dated: 6/4/19


KRISTINA KITSOPOULOS

2019 JUN 26 AM 7:28
FILED

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE


PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is K2 LIVING WELL,
LLC.
2. The name and the Florida street address of the registered
agent is:

KRISTINA KITSOPOULOS
150 Oakledge Drive
Rockledge, FL 32955

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 and complete the
performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent.

Dated: 6/4/19


KRISTINA KITSOPOULOS