

# L19000239507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

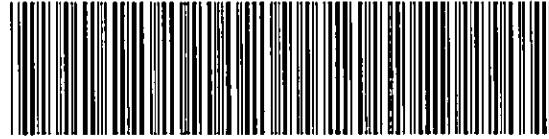
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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TALLAHASSEE, FLORIDA

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**CORPORATE  
ACCESS,  
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\_\_\_\_\_

1. **KELLNER ENTERPRISE LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I.

The name of the Limited Liability Company is:

**KELLNER ENTERPRISE LLC**

## ARTICLE II.

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

1580 WEST AVENUE UNIT . 207

MIAMI BEACH FL 33139

The mailing address of the Limited Liability Company is:

1580 WEST AVENUE UNIT. 207

MIAMI BEACH FL 33139

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TALLAHASSEE, FLORIDA

## ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

## ARTICLE IV.

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

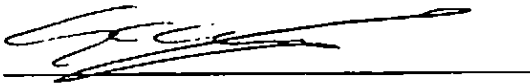
ZSUZSANNA KELLNER

1580 WEST AVENUE UNIT. 207

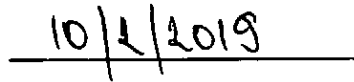
MIAMI BEACH FL 33139

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*



*Date:*

## **ARTICLE V.**

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title: MGR

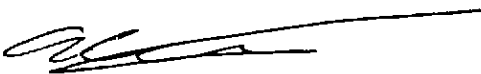
ZSUZSANNA KELLNER

5220 LAS VERDES CIRCLE APT .209

DELRAY BEACH FL 33484



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.



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

ZSUZSANNA KELLNER

*Typed or printed name of signee*

10/02/2019

*Date*