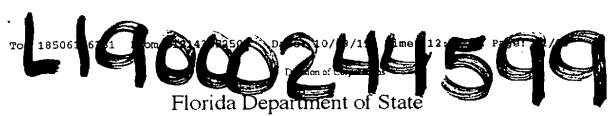
10/9/2019



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003008323)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

Prom:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*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.

# Krstec, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$125.00	

Electronic Filing Menu Corporate Filing Menu

Help

N. SAMS OCT 1 0 2019 To: 18506176381 From: 12143052508 Date: 10/09/19 Time: 12:37 PM Page: 02/03

(((H19000300832 3)))

# ARTICLES OF ORGANIZATION FOR KRSTEC, LLC

#### ARTICLE I

The name of the Limited Liability Company is:

KRSTEC, LLC

## ARTICLE II

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

1147 Lincoln Street Hollywood, FL 33019

### ARTICLE III

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

Any and all Lawful Business

## ARTICLE III

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

Georgeta Kett 1147 Lincoln Street Hollywood, FL 33019

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated I 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 y duties, and I am familiar with and accept the obligations of my position as registered agent provided for in Chapter 608, F.S.

BEORGETA KETT

To: 18506176381 From: 12143052508 Date: 10/09/19 Time: 12:37 PM Page: 03/03

(((H19000300832 3)))

### ARTICLE IV

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

**AMBR** 

Georgeta Kett 1147 Lincoln Street Hollywood, FL 33019

**AMBR** 

Georgina Galluzzo 12100 NW 5<sup>TH</sup> Court Plantation, FL 33325

### ARTICLE V

Effective date shall be the date of filing.

SIGNATURE

print name: Georgeta Kett

print name: Georgina Galluzzo

(In accordance with 608.408(3) Florida Statutes, the execution of this document constitutes an affirmation under 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 in s 817.155, F.S.)