

**L19000280659**

Florida Department of State  
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.**

(((H19000340476 3)))



H190003404763ABC1

**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

From:

Account Name : VIDAL FINANCIAL, INC.  
Account Number : I20190000097  
Phone : (305)631-0331  
Fax Number : (305)854-3131

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 NOV 20 PM 4:21

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: nicolas@contactma.vidal.com

**FLORIDA LIMITED LIABILITY CO.  
KAPS GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	<del>00</del> 4
Estimated Charge	\$125.00

11/20

### Send Confirmation

Page [1] of [1]

```

Date/Time           : 11-20-2019 04:36 PM
Model Name          : M5370LX
Machine Serial Number : 075HBJFJB0006DN
Host Name           : Front-M5370
Fax Name            :
Fax Number          :

```

### Job Information

```

Job No.           : 19440                               User           : Local User
Submission Date/Time : 11-20-2019 04:35 PM                 Completed Time  : 11-20-2019 04:36 PM
Total Destinations : 1

```

## File Settings

Number of Images	:	3 Page(s)	Resolution	:	Standard
File Name	:		File Format	:	
Bytes Filed	:				

## Destinations

Type	To	Duration	Pages	Status	Reason
Fax	918506176381	01'16"	3	Success	
	Total Duration :	01'16"			

[illegible]

KATS GROUP, LLC  
new company filing. 2<sup>nd</sup> submission

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

KAPS GROUP, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

### Principal Office Address:

### Mailing Address:

2000 S DIXIE HIGHWAY

SUITE 205

MIAMI, FLORIDA 33133

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CONTADURIA VIDAL

Name

2000 S DIXIE HIGHWAY - SUITE 205

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FLORIDA

33133

City

State

Zip

*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 (REQUIRED)

(CONTINUED)

2019 NOV 20 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR \_\_\_\_\_

MICHAEL ANGULO  
2000 S DIXIE HIGHWAY #205  
MIAMI, FLORIDA 33133

MGR \_\_\_\_\_

MARCO MORALES  
2000 S DIXIE HIGHWAY #205  
MIAMI, FLORIDA 33133

MGR \_\_\_\_\_

ALEJANDRO PINO  
2000 S DIXIE HIGHWAY #205  
MIAMI, FLORIDA 33133

(Use attachment if necessary)

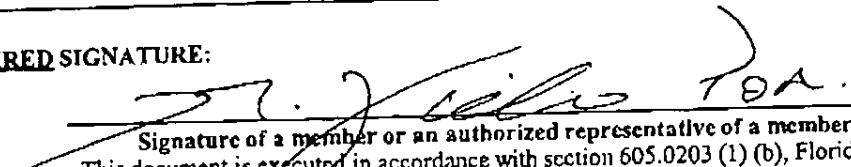
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Nicolas Vidar  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

2019 NOV 20 PM 4: 21  
FILED  
SECRETARY OF STATE  
FLORIDA