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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 : AIA REGISTERED AGENT INC.
Account Number : 120090000032
Phone : (561)792-2236
Fax Number : (561)202-8082

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.
KYLO USA LLC

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

MAY 13 2020
T. SCOTT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAY 12 AM 10:49

FILED

**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I: NAME

The name of the Limited Liability Company is:

KYLO USA LLC

ARTICLE II: Address

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

**1835 NE MIAMI GARDENS DR. #401
NORTH MIAMI BEACH, FL 33179**

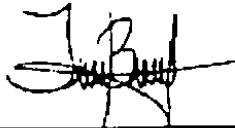
ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE

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

**JACK BENZAQUEN
1835 NE MIAMI GARDENS DR. #401
NORTH MIAMI BEACH, FL 33179**

Having been named as registered agent 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.

X



JACK BENZAQUEN / Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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PAGE 2**KYLO USA LLC**

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

AMBR:

**JACOBO PLITMAN
3700 ISLAND BLVD, UNIT #108
AVENTURA, FL 33160**


AMBR:

**DANIEL SHEINFELD
75-5660 KOPIKO ST. STE. C7 285
KAILUA KONA, HI 96740**

AMBR:

**JACK BENZAQUEN
1835 NE MIAMI GARDENS DR. #401
NORTH MIAMI BEACH, FL 33179**

X

**JACK BENZAQUEN**

Signature of a member or an 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 s.817.155, F.S.)

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