# Electronic Articles of Organization For Florida Limited Liability Company

L20000156626 FILED 8:00 AM June 08, 2020 Sec. Of State isadler

## **Article I**

The name of the Limited Liability Company is: KASINO INK LLC

## **Article II**

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

5987 SW 8 ST MIAMI, FL. US 33144

The mailing address of the Limited Liability Company is:

5987 SW 8 ST MIAMI, FL. US 33144

#### **Article III**

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS.

## **Article IV**

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

KRISTIAN PEREZ 5987 SW 8TH ST MIAMI, FL. 33144

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.

Registered Agent Signature: KRISTIAN PEREZ

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: AMBR KRISTIAN PEREZ 5987 SW 8 ST MIAMI, FL. 33144 US L20000156626 FILED 8:00 AM June 08, 2020 Sec. Of State jsadler

## **Article VI**

The effective date for this Limited Liability Company shall be:

06/01/2020

Signature of member or an authorized representative

Electronic Signature: KRISTIAN PEREZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.