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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer;				

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2020 JUL 20 AM 10: 36 SECRETARY OF STATE TALLAHASSEE, FL



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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		PICK	UP:	7/20 Glinda	<u></u>		
	 xx	CERTIFIED COPY PHOTOCOPY					
	xx	CUS FILING	LLC		_		
1.		1151 DELRAY LAKES, LI (CORPORATE NAME AND DOCUM	LC ENT #)				
2.		(CORPORATE NAME AND DOCUM	ENT#)	<u> </u>	-	-	
3.		(CORPORATE NAME AND DOCUME	ENT#)	 		<u> </u>	
4.		(CORPORATE NAME AND DOCUME	ENT#)				
5.	-	(CORPORATE NAME AND DOCUME	ENT#)				
6.	-	(CORPORATE NAME AND DOCUME	ENT #)			-	
SPEC INST		CTIONS:				·····	
			 .		<u>, </u>	-	

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: 1151 Delray Lakes, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeffrey D. Levy, Esq.
Crant W. Kehres, P.A.
2000 Glades Rd., Suite 302
Boca Raton, FL 33431
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
finclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 JUL 20 AH 10: 36

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:

<u> </u>	Principal Office Address:			
		Lakes	Dr.	
Delice	Beach	FL 334	144	

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:

Jeffrey D. Levy, Esq. Florida street address (P.O. Box NOT acceptable)

Rock Down

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 \$\mathbf{\eta}\$ the proper and complete performance of my duties, and \$I\$ am familiar with and accept the obligations of my position as registered agept as provided for in Chapter 605, F.S.,

(REQUIRED)

CONTINUED)

Title: "AMBR" = Authorized Member	d to manage and control the Limited Liability Company: Name and Address:
"MGR" = Manager R	Christopher Filoromo 5212 Homeland Ro. Lake Worth, FL 33449
MGR	Sarah Brooks Myers 5212 Homeland Rd. Lake worth, FL 33449
	SECRETARY OF STA
(Use attachment if necessary)	ASSEE, F
e date of filing.)	and cannot be more than five business days prior to or 90 days a applicable statutory filing requirements, this date will not be listed.
RTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	Re
This document is executed in be I am aware that any false inform	r an authorized representative of a member. coordance with section 405.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.

Filing Fees:

Jeffrey D. Levy, Esq.
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Chylesters)				
PICK-UP WAIT MAIL				
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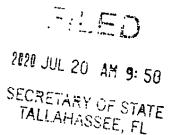
236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		PICK	UP:	7/20 Glinda	
	xx	CERTIFIED COPY			
		РНОТОСОРУ			
		CUS			
	ХX	FILING	Corp		
1.		K2 Technical Services	, Inc		·
2.		(CORPORATE NAME AND DOCUME	NT #)		
3.		(CORPORATE NAME AND DOCUME	NT #)		
4.	-	(CORPORATE NAME AND DOCUME	NT #)		
5.	~	(CORPORATE NAME AND DOCUME	NT #)		
6.	-	(CORPORATE NAME AND DOCUMEN	JT #V		
	CIAI		-		

ARTICLES OF INCORPORATION OF K2 Technical Services, Inc

A Florida Profit Corporation



In compliance with Chapter 607 and/or Chapter 621, Florida Statutes:

ARTICLE I NAME

The name of the corporation shall be K2 Technical Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business / mailing address is:

3571 Mossy Creek Ln Tallahassec, FL 32311

ARTICLE III PURPOSE

The purpose(s) for which the corporation is organized is Government Contracts and for any lawful purpose(s)

ARTICLE IV SHARES:

The number of shares of stock the corporation shall be authorized to issue is 1,000,000 at \$0.00 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

The name(s) of the initial officer(s); and/or the name(s) and address(es) of the initial director(s) are:

Officers:

President: David Jordan Alcom

Vice President:

Treasurer: David Jordan Alcorn Secretary: David Jordan Alcom

Directors:

David Jordan Alcorn 3571 Mossy Creek Ln Tallahassee, FL 32311

ARTICLE VI REGISTERED AGENT

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

David Jordan Alcorn 3571 Mossy Creek Ln Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The name and address information of the incorporator is:

Carri Brown 26025 Mureau Rd Ste 120 Calabasas, CA 91302-3103

Registered Agent Consent:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this

David Jordan Alcorn, Registered Agent Date

Incorpagator Signature

1/20/20

Carri Brown, Incorporator

Date