8/27/2020

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.

**Electronic Filing Cover Sheet** 

(((H20000298385 3)))



H200002983853ABC4

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 : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)962-3889

\*\*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. KO INDUSTRIES LLC

Certificate of Status	0
Certified Copy	l
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEE

AUG 2 8 2029

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u> </u>	INDUSTRIES LLC	
	(Must conatin the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")
RTICLER	- Address:	
he mailing ac	ldress and street address of the principal office of the	Limited Liability Company is:
	B	
	Principal Office Address:	Mailing Address:
130	799 Park Blvd N, #125	
Sei	minole, Florida 33776	

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

United States Corpo	ration Agents, Inc.	
	Nino	
5575 S. Semoran BI	vd. Suite 36	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	reptable)
Orlando	Florida	32822
<u>Oy</u>	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 his 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 Gepts 605, ISS

egistered Agent's Signature (NEQ) HELD

(CONTINUED)

20 AUG 27 PM 4: 27

ARTICLE IV-

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Kylyn Cervenka
	13799 Park Blvd N, #125
	Seminole, Florida 33776
<u></u>	
	e date of filing (OPTIONAL)
fective date is listed, the date must i	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 da
fective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 da
fective date is listed, the date must of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
fective date is listed, the date must of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be ment of State's records
fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Depart LEVI: Other provisions, if any.	to or 90 da not meet the applicable statutory filing requirements, this date will not be ment of State's records.
fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Depart LEVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be ment of State's records
fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Depart LEVI: Other provisions, if any.	to or 90 da not meet the applicable statutory filing requirements, this date will not be ment of State's records.
fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Depart LEVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be ment of State's records.
fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Depart LEVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be ment of State's records.
fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Depart LEVI: Other provisions, if any.	he specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be ment of State's records.
fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Depart LEVI: Other provisions, if any.	he specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be ment of State's records.
fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Depart LEVI: Other provisions, if any.  REQUIRED SIGNATURE:	he specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be ment of State's records.
fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Depart LEVI: Other provisions, if any.  REQUIRED SIGNATURE:	he specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be ment of State's records.
Tective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LEVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of	he specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be ment of State's records.
fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Depart LEVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is elam aware that any	I a member or an authorized representative of a member or an authorized representative of a member of State with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State
fective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LEVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is elam aware that any	not meet the applicable statutory filing requirements, this date will not be ment of State's records.
Fective date is listed, the date must of filing.)  If the date inserted in this block does ument's effective date on the Depart LEVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is elam aware that any constitutes a third of the state	I a member or an authorized representative of a member or an authorized representative of a member of State with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State

## 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)