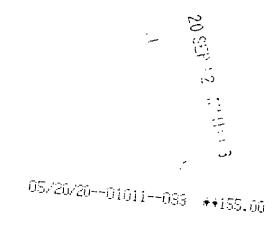
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| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (, |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| - CP-C-MAN |
| |
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400344509534



W20000052631

Darrick Thompson

Kirk Angelocci 1126 Old Okeechobee Road West Palm Beach, FL 33401 (561) 659-3770

June 23, 2020

Division of Corporations P.O Box 6327 Tallahassee, Florida 32314

Dear Mr. Derrick Thompson,

I am writing this letter in reference to document W20000052631. I do not have any intention of reinstating this LLC. I am releasing the name for use to another entity. If you have any questions concerning this, feel free to contact my office at the number above. Thank you.

Kirk Angelocci

COVER LETTER

| TO: New Filing Section Division of Corporations | | |
|---|--|--|
| SUBJECT: AA KALLC 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: | | |
| Menneth Angelocci | | |
| HA & KALLC Firm/Company | | |
| 1124 Old Object Object Boad | | |
| West Palm Beach, 71 33401 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 | | |
| Enclosed is a check for the following amount: | | |
| □\$125.00 Filing Fee Certificate of Status □\$130.00 Filing Fee Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|-------------------------------|
| (Must conatin 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: | |
| 1124 Old Okachabre Road West Palm Beach, FL 33401 Unst Palm Beach, F | <u>ec R</u> cac 1 33401 |
| 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 individua another business entity with an active Florida registration.) | or |
| The name and the Florida street address of the registered agent are: | |
| Kennoth Angelocci | |
| Florida street address (P.O. Box NOT acceptable) | |
| City State Zip | |
| Having been named as registered agent and to accept service of process for the above stated limited liability con place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this c further agree to comply with the provisions of all statutes relating to the proper and complete performance of my am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F. | apacity. I duties and I |
| Kanette Angle | 00 111 |
| Registered Agent's Signature (REQUIRED) | |
| (CONTINUED) | - : |

ARTICLE IV-

The second secon

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

| Title: | Name and Address: |
|---|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | Honosh Anglocai |
| mar | Mick Arkelecell 1121c old Orechobac Board West Palm Beach, 71 3344 |
| | |
| | |
| (Use attachment if necessary) | |
| If an effective date is listed, the date mus he date of filing.) | the date of filing: (OPTIONAL) it be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed as rument of State's records. |
| ARTICLE VI: Other provisions, if any. | |
| | |
| REQUIRED SIGNATURE: | of a member or an authorized representative of a member. |
| This document is I am aware that a | s executed in accordance with section 605.0203 (1) (b), Florida Statutes, ny false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S. |
| <u> 14e</u> | 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)