

**L20000326494**

Florida Department of State  
Division of Corporations  
Electronic Filing Court System

**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.**

(((H20000368356 3)))



H200003683563ABC0

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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 ATM LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2020 OCT 22 PM 4:40

2020 OCT 22 PM 3:20

STATE  
SEE FL

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

**ARTICLE I - Name:**  
The name of the Limited Liability Company is:

K.O. ATM LLC

**ARTICLE II - Address:**  
The mailing address and street address of the principal office of the Limited Liability Company is:

1325 W 68 ST apt 320 HIA FL, 33014

**ARTICLE III - Registered Agent, Registered Office:**  
The name and the Florida street address of the registered agent are: *(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.)*

Oscar Quintana Monzon

1325 W 68 ST Apt 320 Hialeah  
FL 33014

**ARTICLE IV**  
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)


Oscar Quintana Monzon (AMBR)

2020 OCT 22 PM 3:20  
STATE OF FL

**Required Signatures:**

  
\_\_\_\_\_  
**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.

  
\_\_\_\_\_  
**Typed or printed name of signee**

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 as provided for in Chapter 605, F.S..

  
\_\_\_\_\_  
**Registered Agent's Signature (REQUIRED)**

2020 OCT 22 PM 3:20  
STATE  
TALLAHASSEE, FL