

L20000372466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

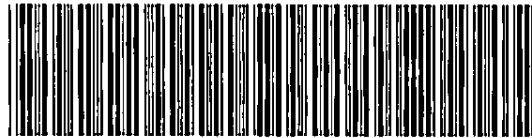
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/24/20--01019--024 **125.00

2020 NOV 24 AM 7:13
STATE
DEPT. FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KARUKERA 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:

ARPAD F BUSSON

Name of Person

KARUKERA LLC

Firm/Company

27 INDIAN CREEK ISLAND ROAD

Address

MIAMI BEACH, FL 33154

City/State and Zip Code

CYFLY08@ME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARPAD F BUSSON 305 340-8598
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee
☐ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023/07/24 AM 7:13
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KARUKERA LLC

(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:

Principal Office Address:

27 INDIAN CREEK ISLAND ROAD
MIAMI BEACH, FL 33154

Mailing Address:

27 INDIAN CREEK ISLAND ROAD
MIAMI BEACH, FL 33154

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:

IM TAX ADVISORS LLC

Name

2208 SW 8TH STREET

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FLORIDA

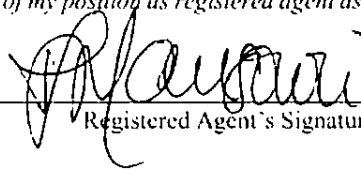
33135

City

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 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)

(CONTINUED)

2022 NOV 24 AM 7:13
STATE
SECRETARY

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

ARPAD F BUSSON

27 INDIAN CREEK ISLAND ROAD

MIAMI BEACH, FL 33154

(Use attachment if necessary)

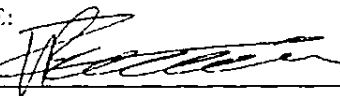
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

X 

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

ARPAD F BUSSON

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)

2022 NOV 24 AM 7:13
STATE
OFFICE

ARPAD F. BUSSON
27 INDIAN CREEK ISLAND ROAD
MIAMI BEACH, FL 33154

November 19, 2020

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

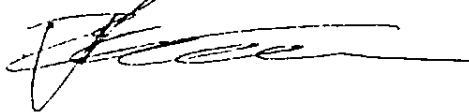
Subject: KARUKERA LLC

This letter is to advise you that the owner of **KARUKERA, LLC**. Document NO. L18000213516 is the same owner of the enclosed articles of Organization. We have dissolved the limited liability company on September 27, 2019 and have no intent of reopening it.

Thank you for your attention to this matter.

Sincerely yours,

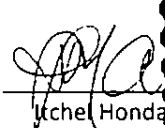
ARPAD F. BUSSON



STATE OF FLORIDA
COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority appeared ARPAD F. BUSSON, provided identification FL Driver's License: B250-006-98-054-0 and acknowledged that he executed the foregoing instrument for the purposes expressed therein.

WITNESS my hand and seal in the State and County aforesaid, this 19th day of November 2020.

2023 NOV 24 AM 7:13
FILE
ITCHEL HONDARES MANSOURI
Notary Public - State of Florida
Commission # HH 051867
My Comm. Expires Dec 29, 2024
Bonded through National Notary Assn.

Itchel Hondares Mansouri
Notary Public
My Commission Expires: 12/29/2024