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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KCO SERVICES, LLC

Account Number : I20200000018 Phone : (954)744-6605 Fax Number : (833)648-2730

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kcoserviceslc@gmail.com

FLORIDA LIMITED LIABILITY CO. P4LCOLLECTION LLC

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Help



January 15, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KCO SERVICES LLC

SUBJECT: P4LCOLLECTION LLC

REF: W21000004446

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Complete signature for the authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Lillie S Kervin Regulatory Specialist II FAX Aud. #: H21000018239 Letter Number: 021A00001003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: P4LCOLLECTION 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: Mailing Address: Principal Office Address: 8253 NW 34TH DR 8253 NW 34TH DR DORAL FL 33122 DORAL FL 33122

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:

	Name		
7717 Paddock Pl			_
Classical and and delicate	OF DESCRIPTION	remahla)	
	ss (P.O. Box <u>NOT</u> as	·	•
Florida street addres Davie	ss (P.O. Box <u>NOT</u> as Fl	33328	•

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 l am familiar with and accept the obligations of my position as registered exemples provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: AMBR" = Authorized Member MGR" = Manager	Name and Address:
AMBR	EMV Holdings LLC
	8 The Green, Ste A
	Dover, DE 19901
MGR	Navivette Maria Chabeb Ramos
	8800 NW 36th St Apt 4416 Doral, Fl 33178
MGR	Jorge Martin Echeverria Pulido
	221 SW 12th St Apt 823
	Miam, Fl 33130
V: Effective date, if other than the ctive date is listed, the date must be	date of filing: (OPTIONAL) c specific and cannot be more than five business days prior to or 90
I.V: Effective date, if other than the ctive date is listed, the date must be filling.) he date inserted in this block does reent's effective date on the Department's Other provisions, if any, DALL LAWFUL BUSINESS	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ctive date is listed, the date must be filling.) he date inserted in this block does reent's effective date on the Department's Other provisions, if any. DALL LAWFUL BUSINESS	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ment of State's records.
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