

L2100009921

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CORPOLICENSE, INC
Account Number : 120050000118
Phone : (305)774-9606
Fax Number : (305)774-9660

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

Email Address: Alex Koppf@gmail.com

**FLORIDA LIMITED LIABILITY CO.
KP GLOBAL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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MAR 10 2021

T. SCOTT

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March 9, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPLICENSE, INC.

SUBJECT: KP GLOBAL, LLC
REF: W21000031968

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 name and address must be listed for the registered agent.,

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.

Tammi Cline FAX Aud. #: H21000093753
Regulatory Specialist II Supervisor Letter Number: 321A00004945

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
KP GLOBAL, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company Is:

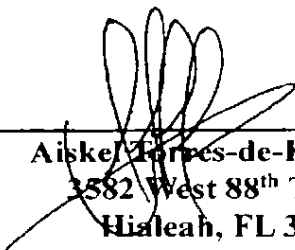
KP GLOBAL, LLC

ARTICLE II - ADDRESS:

The mailing and principal address of the Limited Liability Company is:

**3582 West 88th Terrace
Hialeah, FL 33018**

**ARTICLE III - Registered Agent, Registered Office, & Registered
Agent's Signature:**


Aiske Torres-de-Korobkoff
3582 West 88th Terrace
Hialeah, FL 33018

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.

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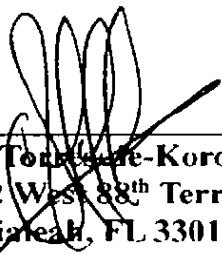
ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

TITLE: NAME AND ADDRESS

**MGR Aiskel Torres-de-Korobkoff
3582 West 88th Terrace
Hialeah, FL 33018**

**MGR Mary-Carmen Parra
3582 West 88th Terrace
Hialeah, FL 33018**



**Aiskel Torres-de-Korobkoff
3582 West 88th Terrace
Hialeah, FL 33018**

(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

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