

221000/01447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

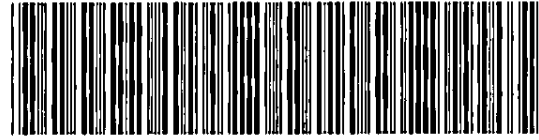
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 MAR 10 AM 10:31
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FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. KAMA Industries LLC
Name Document Number (if known)

Walk in Will wait

Certified Copy
 Certificate of Status

NEW FILINGS

Profit
 Not for Profit
 Limited Liability
 Domestication
 INC
 OTHER - Corp

AMENDMENTS

Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Conversion
 Merger

OTHER FILINGS

Annual Report
 Fictitious Name
 Statement of Authority
 APOSTIL ()
COUNTRY

REGISTRATION/QUALIFICATIONS

Foreign Filing
 Limited Partnership
 Reinstatement
 Trademark
 Other

EXAMINER'S INITIALS: _____

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2021 MAR 10 AM 10:31
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KAMA Industries 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:

Abdullah AbuSafieh
Name of Person
KAMA Industries LLC
Firm/Company
488 NE 18th St
Address
Miami, Florida, 33132
City/State and Zip Code
realunclekush@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lura Barua 888 650-3738
at ()
Name of Person 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KAMA Industries 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:

Mailing Address:

488 NE 18th St
Miami, Florida, 33132

488 NE 18th St
Miami, Florida, 33132

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.)

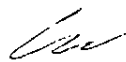
The name and the Florida street address of the registered agent are:

Abdullah AbuSafieh
Name

488 NE 18th St
Florida street address (P.O. Box **NOT** acceptable)

Miami Florida 33132
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)

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ARTICLE IV-

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

MGR

Abdullah AbuSafieh
488 NE 18th St
Miami, Florida, 33132

(Use attachment if necessary)

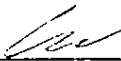
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Abdullah AbuSafieh

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)

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STATE OF FLORIDA