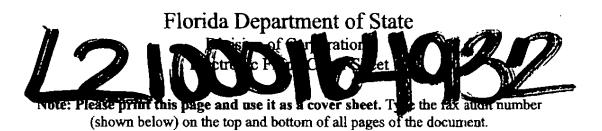
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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
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. KIAMTAIVE, LLC

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

Help

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:		
KIAMTAIVE, LLC			
(Must cor	ntain the words "Limited I	Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limite	d Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
3940 NW 79TH AV	Æ	39	40 NW 79TH AVE
145		14	
DORAL, FL 33166		<u>D(</u>	DRAL, FL 33166
ARTICLE III - Registered A	REDIT VERIZIELEN OUTGE!	IL VENDICIEN WX	LIIL S DIEUGUUL CI
(The Limited Liability Compar another business entity with ar The name and the Florida stree	ny cannot serve as its own nactive Florida registration	Registered Agent on.)	. You must designate an individual or
another business entity with ar	ny cannot serve as its own nactive Florida registration	Registered Agent on.) I agent are:	. You must designate an individual or
another business entity with ar	ny cannot serve as its own n active Florida registration of address of the registered	Registered Agent on.) I agent are:	. You must designate an individual or
another business entity with ar	ny cannot serve as its own n active Florida registration of address of the registered	Registered Agent on.) I agent are: DO A. Name	. You must designate an individual or
another business entity with ar	ny cannot serve as its own a active Florida registration at address of the registered MARCO MALDONAL	Registered Agent on.) I agent are: DO A. Name APT 145	. You must designate an individual or
another business entity with ar	ny cannot serve as its own a active Florida registration address of the registered MARCO MALDONAL 3940 NW 79TH AVE	Registered Agent on.) I agent are: DO A. Name APT 145	. You must designate an individual or

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)

121 APT 16 PH 2: 43

MGR MARCO MALDONADO A 3940 NW 79TH AVE. APT 145 MIAMI, FL 33155 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: O4/14/2021 (OPTIONAL) fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) for the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ament's effective date on the Department of State's records. LE VI: Other provisions, if any. ID ALL LAWFUL BUSINESS 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. MARCO MALDONADO A	<u>Title:</u> "AMBR" = .	Authorized Member	Name and Address:
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: O4/14/2021 (OPTIONAL) (Petrive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) (The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. LE VI: Other provisions, if any. DALL LAWFUL BUSINESS 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), Fibrida Statutes. I am aware that any false information submitted in a document to the Department of State-continues at hird days.	"MGR" = M	lanager	•
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