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DATE: 6/18/2021

NAME: KAZ SHACK, LLC

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 JUN 18 PM 1: 21

ARTICLE I - Name	:
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The name of the Limited Liability Company is:

SECRETARY OF STATE

				TALLAHASSEE,	
Kaz Shack, LLC			·		
(Must cor	natin the words "Limited	Liability Company	, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal c	office of the Limite	d Liability Company is	:	
Principal Office Address:			Mailing Address:		
11743 Bayfield Drive	11743 Bayfield Drive		11743 Bayfield Drive		
Boca Raton, FL 33498			Boca Raton, FL 33498		
another business entity with an The name and the Florida street	· ·	•			
		Name		-	
	11743 Bayfield Drive			_	
	Florida street addres	s (P.O. Box <u>NOT</u> a	acceptable)		
	Boca Raton	FL	33498	-	
	City	State	Zip		
Having been named as registered place designated in this certificate further agree to comply with the parm familiar with and accept the o	e, I hereby accept the apport provisions of all statutes re bligations of my position	ointment as register elating to the prope as registered agent Docusioned by: Sturkanimire	red agent and agree to c r and complete perform as provided for in Chaj	act in this capacity. I ance of my duties, and I	
	Registered	d Agent's Signature	(REQUIRED)	<del>_</del>	
		(CONTINUED)			

as

### **ARTICLE IV-**

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

<u>Title:</u> "AMBR" = 7	Authorized Member	Name and Address:	
"MGR" = M			
MGR		Steven A., Kazimirov	
		11743 Baytield Drive	
		Boca Raton, FL 33498	
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/Llan attachus		T A	$\sim$
(Ose attachm	ent if necessary)	· <del></del>	_
ARTICLE V. Effective	e date if other than the date	of filing: (OPTIONAL)	
		cific and cannot be more than five business days prior to or 90 da	we ofto
the date of filing.)	noted, the date must be spe	cine and cannot be more than five business days prior to or 90 da	iysane
	rted in this block does not m	eet the applicable statutory filing requirements, this date will not be	e listed
the document's effecti	ve date on the Department o	f State's records.	
	•		
ARTICLE VI: Other p	rovisions, if any.		
<del></del>			
		<u> </u>	
	<u> </u>		
REQUIRED	SIGNATURE:	DocuSigned by:	
	<b>;</b>	Steve kazimira	
	Simulation		
	Signature of a men	nber or an authorized representative of a member.	
	I am aware that any false	d in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State	
	constitutes a third degree	felony as provided for in s.817.155, F.S.	
		really the processes for the block of the book of the block of the blo	
	Steven A. Kazimirov		
		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)