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Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.
KING MAKO LLC**

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

2021 JUN 25 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUN 25 PM 4:33

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "LLC," or "LLC.")

King Mako LLC

ARTICLE II - Address:

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

9737 NW 41ST STE 510
Doral FL 33178

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ARTICLE III - Registered Agent, Registered Office:

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

Domenico Campisciano

9737 NW 41ST, STE 510
Doral FL 33178

ARTICLE IV:

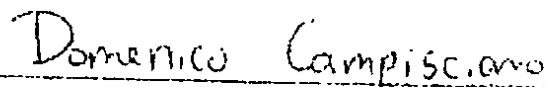
The name and title of each person authorized to manage and control the Limited Liability Company:

Domenico Campisciano, AMBR

Lourelas Adriana Lopez-Fonseca Alvarado, AMBR

Required Signatures:**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

**Typed or printed name of signee**

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)**

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)
▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0040

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested CREATIKS LLC		3 Executor, administrator, trustee, "care of" name		
	2 Trade name of business (if different from name on line 1)		5a Street address (if different) (Don't enter a P.O. box.)		
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 600 Cleveland Street Suite 393, Office 375		5b City, state, and ZIP code (if foreign, see instructions)		
	4b City, state, and ZIP code (if foreign, see instructions) CLEARWATER, FLORIDA, ZIP CODE 33755		6 County and state where principal business is located PINELLAS		
	7a Name of responsible party PEDRO IGNACIO MONTENEGRO GONZALEZ		7b SSN, ITIN, or EIN FOREIGN IND		
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members 4		
	8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.				
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Sole proprietor (SSN) _____ <input checked="" type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____ </div> </div>				
	9b If a corporation, name the state or foreign country (if applicable) where incorporated		State Florida		Foreign country
10 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ LIMITED LIABILITY COMPANY <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
11 Date business started or acquired (month, day, year). See instructions. June, 2021		12 Closing month of accounting year JUNE			
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>			
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">Agricultural -0-</div> <div style="text-align: center;">Household -0-</div> <div style="text-align: center;">Other -0-</div> </div>		15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ _____			
16 Check one box that best describes the principal activity of your business.		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ▶ Investment management services			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.					
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____					
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		Designee's telephone number (include area code) 786-777-7125		
	Designee's name LUCIANA MORDINI		Designee's tax number (include area code) (727) 914-5090		
Address and ZIP code 1020 PINEBROOK DR, FLORIDA, 33755		Applicant's telephone number (include area code) 727-560-0307			
Applicant's tax number (include area code) (727) 914-5090		Applicant's signature (print name) Pedro Ignacio Montenegro Gonzalez			
Signature ▶ Pedro Ignacio Montenegro Gonzalez		Date ▶ June 19, 2021			