

L21000345944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

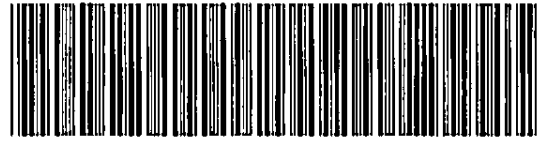
(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

21 JUN 18 PM 12:43

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JUL 31 2021

W21-83414



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2021

HORACE PARDAIS
KEVANNA LLC
1571 NW 167 AVE
PEMBROKE PINES, FL 33028

SUBJECT: KEVANNA AUSTIN LLC
Ref. Number: W21000083414

We have received your document for KEVANNA AUSTIN LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 321A00012565

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TALLAHASSEE, FLORIDA

2021 JUN 18 PM 1:09
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Kevanna Austin 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:

Horace Pardais

Name of Person

Kevanna LLC

Firm/Company

1571 NW 167 Ave

Address

Pembroke Pines FL 33028

City/State and Zip Code

hpardais@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

horace pardais 954 804-6416

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kevanna Austin 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:

1571 NW 167 Ave Pembroke Pines FL
33028

Mailing Address:

1571 NW 167 Ave Pembroke Pines FL
33028

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:

Kevanna LLC

Name

1517 NW 167 Ave

Florida street address (P.O. Box **NOT** acceptable)

Pembroke Pines

FL


33028

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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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Kevin Pardais
3001 Del Curto Rd. Unit #34
Austin TX 78704

AMBR

Horace Pardais
1571 NW 167 Ave
Pembroke Pines FL 33028

MGR

Lily Pardais
3001 Del Curto Rd. Unit #34
Austin TX 78704

MGR

Mariam Pardais
1571 NW 167 Ave
Pembroke Pines FL 33028

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/08/2021 (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.

Horace Pardais

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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21 JUN 18 PM 12:45
TALLAHASSEE, FLORIDA
SECRETARY OF STATE