

L21000 364536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

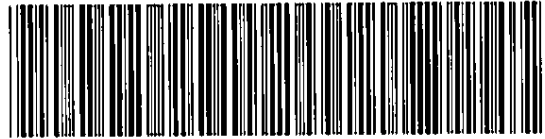
(Business Entity Name)

(Document Number)

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**CORPORATE
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INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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XX CERTIFIED COPY _____

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INC _____

1. KINERGYLABS LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

Articles of Organization
For
KinergyLabs LLC
Florida Limited Liability Company

ARTICLE I - Name:

The name of the Limited Liability Company is KinergyLabs LLC

ARTICLE II - Address:

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


6900 Tavistock Lakes Blvd Ste 400
Orlando, FL 32827

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Walter Villela
6900 Tavistock Lakes Blvd Ste 400
Orlando, FL 32827

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.




Walter Villela, Registered Agent

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Javier Fradiletti
San Nicolas 1318
Ap 001
Montevideo
Uruguay



Carri Brown, Organizer

2021 Jun 13 PM 3:08
CLERK OF STATE
TALLAHASSEE, FL

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