Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : KCO SERVICES, LLC Account Number : I20200000018 Phone : (954)744-6605 Fax Number : (833)648-2730

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

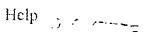
Email Address: kcoservicesllc@gmail.com

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FLORIDA LIMITED LIABILITY CO. OCTAVIO LIFE COACH LLC

Certificate of Status	0
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Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

he name of the Limited Lia	bility Company is:			
OCTAVIO LIFE				
(Must o	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and stre	et address of the principal	office of the Limited	Liability Company is:	
<u>Pris</u>	ncipal Office Address:		Mailing Addre	: <u>65</u> :
816 NW 11TH S		816	NW 11TH ST APT 603	
MIAMI, FL 331	36	MIA	MI, FL 33136	
nother business entity with	·	on.) d agent are:		or and the second
nother business entity with	an active Florida registration and active Florida registere reet address of the registere KCO SERVICES L	on.) d agent are:		or and the second
nother business entity with	an active Florida registration reet address of the registere KCO SERVICES L 7717 Paddock Pl	on.) d agent are:		or and the second
nother business entity with	an active Florida registration reet address of the registere KCO SERVICES L 7717 Paddock Pl	on.) d agent are: LC Name		
nother business entity with The name and the Florida str	an active Florida registrative reet address of the registere KCO SERVICES L 7717 Paddock Pl Florida street address	on.) d agent are: LC Name ss (P.O. Box NOT ac	xeptable)	

(CONTINUED)

2821 SEP -2 PM 4: 33

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	OCTAVIO J REYES URICARE
	816 NW 11TH ST APT 603 MIAMI, FL 33136
	
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(Use attachment if necessary) LE V: Effective date, if other than the differtive date is listed, the date want be	ate of filing: (OPTIONAL)
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 9 or meet the applicable statutory filing requirements, this date will be
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