

L220000009851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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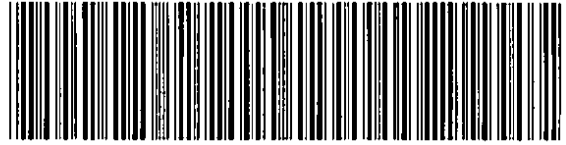
(Business Entity Name)

(Document Number)

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- ☐ **CERTIFIED COPY** _____
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1. KADLIZ BRAZORIA 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:**

FILED

2022 JAN 10 PM 12: 18

SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Organization

KADLIZ BRAZORIA LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I -Name:

The name of the Limited Liability Company is:

KADLIZ BRAZORIA LLC

ARTICLE II -Address:

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

526 SW Rustic Cir
Stuart, FL 34997

ARTICLE III -Registered Agent and Registered Office:

The name and the Florida street address of the initial registered agent of the Limited Liability Company are:

Kyle Chamberlain
526 SW Rustic Cir
Stuart, FL 34997

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.

DocuSigned by:



7E29281324CB406
Name: Kyle Chamberlain

ARTICLE IV – Managers:

The Limited Liability Company is Manager-Managed. The names and addresses of each person authorized to manage and control the Limited Liability Company are:

| <u>Title</u> | <u>Name and Address</u> |
|--------------|---|
| Manager | Kyle Chamberlain 526 SW Rustic Cir Stuart, FL 34997 |

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this 10th day of November 2021. In accordance with Section 605.0203(1)(b) and Section 605.0205(3), 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 Section 817.155, Florida Statutes.

DocuSigned by:
By: Kyle Chamberlain
Name: Kyle Chamberlain
Title: Manager

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