

L220000 26330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

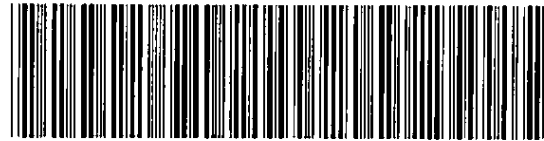
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000376798750

RECEIVED

2022 JAN 24 PM 3:45

TALLAHASSEE, FLORIDA

FILED

2022 JAN 24 PM 3:04

TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT : I20210000160 AMOUNT: \$160.00

AUTHORIZATION SIGNATURE: _____

KAIANDI LLC

Business Name

Document Number, (if known):

____ Walk in

____ Pick up time _____

____ Mail out

____ Will wait

____ Photocopy

X **Certified Copy of Articles of Organization**

X **Certificate of Status**

NEW FILINGS

____ Profit

____ Not for Profit

X **Limited Liability**

____ Domestication

____ Other

____ **CORP**

AMMENDMENTS

____ Amendment

____ Resignation of R.A. Officer/Director

____ Change of Registered Agent

Dissolution/Withdrawal

____ Merger

____ **Conversion**

OTHER FILINGS

____ Annual Report

____ Fictitious Name

____ APOSTIL () _____

Country

REGISTRATION/QUALIFICATIONS

____ Foreign filing

____ Limited Partnership

____ Reinstatement

____ Statement of Revocation of Dissolution

____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: KAIANDI 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:

MATTHEW ROSA
Name of Person
KAIANDI LLC
Firm/Company
16021 SW 41ST STREET
Address
MIRAMAR, FL 33027
City/State and Zip Code
yancisrosa92@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW ROSA 786 663-6465
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

KAIANDI 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:

16021 SW 41ST STREET
MIRAMAR, FL 33027

Mailing Address:

16021 SW 41ST STREET
MIRAMAR, FL 33027

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:

YANELIS ROSA

Name

16021 SW 41ST STREET

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

MIRAMAR

FL

33027

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.

Yanelis Rosa

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2022 JAN 24 PM 3:04
CLERK OF STATE
TALLAHASSEE, FL

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:

MGR

MATTHEW ROSA

16021 SW 41ST STREET

MIRAMAR, FL 33027

MGR

YANELIS ROSA

16021 SW 41ST STREET

MIRAMAR, FL 33027

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/24/2022 (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:

Yanelis Rosa

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.

YANELIS ROSA

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)