## L22000039048

(R	equestor's Name)	
(A	ddress)	
	ddress)	
(*)	adioo)	
(C	ity/State/Zip/Phone #	)
_	; <b>—</b>	
PICK-UP	( WAIT	MAIL
	~	
(B	usiness Entity Name)	
,-	,	
<del>,_</del>	<del></del>	
(0	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to F	iling Officer:	
		İ
		}

Office Use Only



500380991105

92/04/22--01001--012 \*\*160.00

2022 FEB -3 PH 4: 39

9999 FFR -3 PM 4:45

FILED STATE SECRETARY OF STATE

n. 2/3/22

## COVER LETTER

The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning his matter to the following:    Cattle   Catt	Division of Corporations
Please return all correspondence concerning this matter to the following:    Cath   Content   Content	SUBJECT: Kaiber Marketing Croup LLC Name of Limited Liability Company
Sevnard   Sevn	The enclosed Articles of Organization and fee(s) are submitted for filing.
Firm/Company  1372 Offer Way Address  Address  Applea S2712  Gity/State and Zip Code  Gity/State and Zip Code  Gity/State and Zip Code  Je-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kattyn Wayblod  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status & Certified Copy  (additional copy is enclosed)  Certificate of Status & Certified Copy  (additional copy is enclosed)	Kaithin Landon
E-mail address: (to be used for future annual report notification)   For further information concerning this matter, please call:	
E-mail address: (to be used for future annual report notification)   For further information concerning this matter, please call:	1372 Offrey Way
Kattyin Junybludd at (407) 280 4632  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S125.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)  Certified Copy (Certified Copy (	E-mail address: (to be used for future annual report notification)
Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	For further information concerning this matter, please call:
Enclosed is a check for the following amount:  \$\Bigsup_{\text{S125.00 Filing Fee}} \Bigsup_{\text{S130.00 Filing Fee}} \Bigsup_{\text{S130.00 Filing Fee}} \Bigsup_{\text{Certificate of Status}} \Bigsup_{\text{Certified Copy}} \Bigsup_{Certified Co	
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	Name of Person Area Code Daytime Telephone Number
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	Enclosed is a check for the following amount:
	Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

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:

2022 FEB -3 PM 4: 45 1

_ Kaiber	Marketina	Group 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:	Mailing Address:
1372 Osareu Way	1371 Usprey Way
PROOKA 1 32 TIL	ANDRA 17.32712

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:

Name

Name

Name

1372 OSPPY WWY

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

Appkg A 32712

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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Kaittyin Youngblood Parsonica & 32704
MGR	Bemard Gilot 1372 Usprey Way Appliphed & 32782
	2022 FEB
·	-3 PH 4: 45
(Use attachment if necessary)	+: +5 ·
If an effective date is listed, the date must be he date of filing.)	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed ent of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	-110ell
This document is exe I am aware that any f	member of an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Kain	Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)