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(Requ	uestor's Name)	
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PICK-UP	MAIT	MAIL
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(Docu	ıment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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SECRETARY OF STATE

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2022 FEB -4 AM 10: 00 -

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1. - 1012

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

627 Boynton, LLC	C,		
	. [
		-	
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
	 		Driving Record
Requested by:			UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
THEFT	Duce	Time	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

FILED ... ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY SECRETARY OF STATE TO THE CORDING ATTIONS

	או אונגוטא טב לו	PRATION
ARTICLE I - Name: The name of the Limited Liability Company is:	2022 FEB -4	AM 10: 00 ·
627 Boynton, 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 t Principal Office Address:	he Limited Liability Company is: Mailing Address:	
3930 Coral Ridge Drive	3930 Coral Ridge Drive	
Coral Springs, FL 33065	Coral Springs, FL 33065	
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)		

RA Feingold Law & Consulting, P.A.

Name

401 E. Las Olas Blvd., Suite 1400

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

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

Ft. Lauderdale	Florida	33301
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	
MGR	Khosa Holdings Inc. 3930 Coral Ridge Drive Coral Springs, FL 33065
	2022 FE
	2022 FEB -4
	0
(Use attachment if necessary)	
an effective date is listed, the date must be speci date of filing.)	
	· · · · · · · · · · · · · · · · · · ·
REQUIRED SIGNATURE:	That
Signature of a memior of a memior of a memior of a memior of the second	for an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.
Signature of a memion of a memory of a mem	in accordance with section 605.0203 (1) (b), Florida Statutes. Iformation submitted in a document to the Department of State

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)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-