

Division of Corporations

L220000488213ABC
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: regnaultfranco@gmail.com

RECEIVED
2022 FEB -7 AM 12:35

**FLORIDA LIMITED LIABILITY CO.
PALMETTO CARS FT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2022 FEB -7 AM 11:49
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PALMETTO CARS FT 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:

15360 SW 136th ST APT 106
MIAMI FL 33196

Mailing Address:

15360 SW 136th ST APT 106
MIAMI FL 33196

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.)

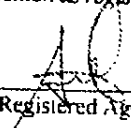
The name and the Florida street address of the registered agent are:

AJAJ KOURKOUNIAN, ANTONIO G
Name

15360 SW 136th ST APT 106
Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33196
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)

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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:

AMBR

CHITTY DE ANGELIS, JOSE R
15360 SW 136th ST APT 106
MIAMI FL 33196

MGR

ASCANIO, ADRIANA
15360 SW 136th ST APT 106
MIAMI FL 33196

AMBR

AJAJ KOURKOUNIAN, ANTONIO G
15360 SW 136th ST APT 106
MIAMI FL 33196

AMBR

CHAMBERT CHAMALY, FADEL
15360 SW 136th ST APT 106
MIAMI FL 33196

SECRETARY OF STATE
TELEPHONE 305.376.3000

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

The Purpose for which this Limited Liability Company is Organized is:

Any and All Lawful Business

REQUIRED SIGNATURE:

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.

JOSE R CHITTY DE ANGELIS

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)