

Division of Corporations
Florida Department of State
Division of Corporations
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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: karelisocando@gmail.com

FILED
22 FEB 16 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
KALO CLEANING LLC**

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

2022 FEB 16 AM 8:00

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S. CHATHAM

FEB 17 2022

FILED**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAKALO CLEANING 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:10474 NW 31 TER STE 1
DORAL, FL 33172Mailing Address:7717 PADDOCK PL
DAVIE, FL 33328**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:

KCO SERVICES LLC

Name

7717 PADDOCK PLFlorida street address (P.O. Box **NOT** acceptable)DAVIEFL33328

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)

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

KARELIS MARIA OCANDO MARIN
7717 PADDOCK PL
DAVIE, FL 33328

MGR

LORENA ISABEL MUJICA SAUCEDO
7717 PADDOCK PL
DAVIE, FL 33328

(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.

KARELIS M OCANDO MARIN

Typed or printed name of signer

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)

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 TALLAHASSEE, FLORIDA

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