## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Name : HOMSI LAW, P.A. Account Number : I20190000004 Phone : (407)377-5507

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### FLORIDA LIMITED LIABILITY CO. KITES LLC

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February 15, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HOMSI LAW, P.A.

SUBJECT: KITES LLC REF: W22000018540

We received your electronically transmitted document. However, the concent has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Matthew T Moon FAX Aud. #: H22000060776

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New Filing Section

H220000607763

# ARTICLES OF ORGANIZATION FOR

### STUDIO KITES LLC

#### ARTICLE I

The name of the Limited Liability Company is:

STUDIO KITES LLC

#### ARTICLE []

The street address of the principal office of the Limited Liability Company is:

2709 CYPRESSWAY CT. ORLANDO, FLORIDA 32825

The mailing address of the Limited Liability Company is:

2709 CYPRESSWAY CT. ORLANDO, FLORIDA 32825

#### ARTICLE III

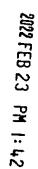
The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSE.

#### ARTICLE IV

The Articles of Organization shall be effective immediately when filed with the Secretary of State of Florida.







Mailing Address 8815 Conroy-Windermere Road, #402 Orlando, Florida 32835 (407) 377-5507 www.HomsiLaw.com

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#### ARTICLE V

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

HOMSI LAW, P.A. 8815 CONROY-WINDERMERE ROAD #402 ORLANDO, FLORIDA 32835

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.

Signature of Registered Agent:

William M. Homsi, President

The Members hereby delegate the management of the LLC to Manager(s). The name and address of persons(s) authorized to manage the LLC:

Operating Manager:

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Address of the Managers and Officers being the same as the Principal Address of the LLC.

Signature of an Authorized Representative:

William M. Homsi, Esq.

I am an authorized representative of the members submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January I<sup>st</sup> and May I<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain active status.

HOMSI LAW, P.A.

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