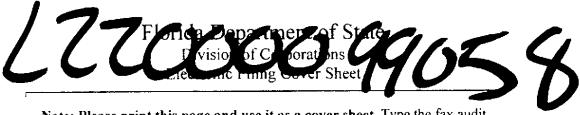
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000090299 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Ċ. Ġ.

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

: (845)425-0077

Fax Number

: (845)818-3588

\*\*Enter the email address for this business entity to be used for fuffure \_\_annual report mailings. Enter only one email address please.\*\*

Email Address:	

## FLORIDA LIMITED LIABILITY CO. ASI-KONNECT Kissimmee LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	S125.00

## TIL

## ARBICLES CFORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:				
ASI-KONNECT Kis (Must end		bility Company, "L.L.C.," or "LLC.")	_		
ARTICLE II - Address: The mailing address and street a	ddress of the principal office	of the Limited Liability Company is:			
<u>Princip</u>	al Office Address:	Mailing Address:			
1915 Harrison Stree Hollywood, FL 3302		1915 Harrison Street, 2nd Floor Hollywood, FL 33020	근 1년(1)	2022	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its own Reg	egistered Agent's Signature: istered Agent. You must designate an individual or	EXEASSE DECEMBER DECE	2022 MAR 10	- - -
The name and the Florida street		ent are:	(M);	PH 3:	İ
	Veorp Services, LLC	ne	13.	: 25	
	1200 South Pine Island R				
	<ul> <li>Florida street address (P.</li> </ul>	O. Box NOT acceptable)			

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..

Сlу

State

Zip

Mimi Sanik

Registered Agent's Signature (A:QLRH)

(CONINUED)

Page1d2

From: Vcorp Services, LLC

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	American Strategic Investments Consulting Group LLC
	240 Crandon Blvd., Suite 242
	Key Biscayne, Ft. 33149
MGR	Konnectia, LLC
	1915 Harrison Street, 2nd Floor
	Hollywood, FL 33020
<u> </u>	
(Use attachment if necessary)	
LEM. Effective date if other than th	ne date of filing: (OPTIONAL)
Tective date is listed, the date must	be specific and cannot be more than five business days prior to or 90 days
of filing )	
If the date inserted in this block doe	s not meet the applicable statutory filing requirements, this date will not be I
ument's effective date on the Depai	tment of State's records.
LEVI: Other provisions, if any.	

2022-03-09 22:21:58 GMT

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.

Ruben D. Briceno, Authorized Representative Typed or printed name of signac

## Filing Fors

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

