# L22000 114830

(Reques	stor's Name)
(Addres	s)
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(City/Sta	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	g Officer:

Office Use Only

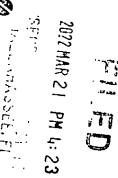


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ALLAHASSEE, FLOOR

RECEIVED



# CAPITAL CONNECTION, INC.

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

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Photo Copy				Annual Report / Reinstatement
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Certificate of Status				Photo Copy
Certificate of Fictitious Name				Certificate of Good Standing
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Officer Search				Certificate of Fictitious Name
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Vehicle Search	Signature			Fictitious Owner Search
Driving Record				Vehicle Search
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Walk-In         Will Pick Up         Courier	Name	Date	Time	UCC     Search
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	·	-		Courier

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARI	'ICI	ÆI	- Na	nie:
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The name of the Limited Liability Company is:

4848 Lake Worth, 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:

Mailing Address:

3930 Coral Ridge Drive	3930 Coral Ridge Drive
Coral Springs, FL 33065	Coral Springs, FL 33065

## 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:

R/A Feingold Law &	Consulting, P.A.	
	Name	
401 E. Las Olas Bly	d., Suite 1400	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
Ft. Lauderdale	FL	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)

2022 HAR 21 PM 4: 24

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Khosa Holdings Inc.
	3930 Coral Ridge Drive
	Coral Springs, FL 33065
(Use attachment if necessary)  CLE V: Effective date, if other than the	date of filing: $3/18/22$ (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.)	date of filing: 3/18/22 (OPTIONAL)  e specific and cannot be more than five business days prior to or 90 days  not meet the applicable statutory filing requirements, this date will not be listent of State's records.
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\$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-