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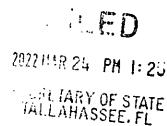
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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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XX	FILING	LLC					
1.	KAMI DOS PROPERTIE (CORPORATE NAME AND DOCUME	S, LLC ENT#)					
2.	(CORPORATE NAME AND DOCUME	NT#)			<u>-</u>	<u> </u>	
3.	(CORPORATE NAME AND DOCUME	NT #)	<u>-</u>				···
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5.	(CORPORATE NAME AND DOCUME	NT #)					
SPECIAI INSTRU	L CTIONS:						

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name:

The name of the Limited Liability Company is:

KAMI DOS PROPERTIES, 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:

1770 W FLAGLER STREET STE 5

1770 W FLAGLER STREET STE 5

MIAMI, FL 33135

MIAMI, FL 33135

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CONSUELO SANCHEZ 1770 W FLAGLER STREET STE 5 MIAMI, FL 33135

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.

/S/CONSUELO SANCHEZ

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Members/Managers

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MIGUEL ANGEL MILLAN NARANJO 1770 W FLAGLER STREET STE 5 MIAMI, FL 33135

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is March 23, 2022.

REQUIRED SIGNATURE:

/S/MIGUEL ANGEL MILLAN NARANJO

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.

MIGUEL ANGEL MILLAN NARANJO

Typed or printed name of signee

