

4/14/22, 5:31 PM

Division of Corporations

(((H22000136780 3)))

L220001367803

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H22000136780 3)))



H220001367803ABC\$

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:

Account Name : CAPITAL LEGAL GROUP PA
Account Number : 120210000025
Phone : (305)676-0924
Fax Number : (305)676-0924

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: lshapiro@capitalesol.com

FLORIDA LIMITED LIABILITY CO.

Suma Group, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2022 APR 15 AM 11:35

2021 APR 15 AM 5:35
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000136780 3)))

DocuSign Envelope ID: 959CC1F4-E36D-45EB-B12C-63A1F2457BA7

(((H122000136780 3)))

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Suma Group, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Shapiro

Name of Person

Capital Enterprise Solutions, LLC

Firm/Company

1110 Brickell Avenue, Suite 505

Address

Miami, FL 33131

City/State and Zip Code

lshapiro@capitalesol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Shapiro

305

676-0924

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee &
Certificate of Status &
Certified Copy:
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF
FILING OF CERTIFICATE
OF ORGANIZATION
TALLAHASSEE, FL 32303

2021 APR 15 AM 5:35

FILED

(((H122000136780 3)))

DocuSign Envelope ID: 959CC1F4-E36D-45EB-B12C-63A1F2457BA7

(((H22001367803)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Suma Group, 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:2940 Oak Avenue
Miami, FL 33133Mailing Address:1110 Brickell Avenue
Suite 505
Miami, FL 33131

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

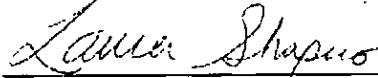
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Capital Enterprise Solutions, LLCNone1110 Brickell Avenue, Suite 505Florida street address (P.O. Box **NOT** acceptable)

<u>Miami</u>	<u>Florida</u>	<u>33131</u>
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)

2021 APR 15 AM 5:35
FILED
CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

(((H220001367803)))

DocuSign Envelope ID: 959CC1F4-E36D-45EB-B12C-63A1F2457BA7

(((H22000136780 3)))

ARTICLE IV-

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

MGR
A. Duarte, Inc
4217 Ponce De Leon Blvd.
Coral Gables, FL 33146
MGR
Vertical Integrations LLC
6100 Blue Lagoon Dr., Suite 160
Miami, FL 33126

(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.**REQUIRED SIGNATURE:**

DocuSigned by:

Leticia Santiago

4A16FE3B5C0248D...

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.Leticia SantiagoTyped 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)

 2021 APR 15 AM 5:35
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 1111 STATE STREET, 11th FLOOR
 TALLAHASSEE, FL 32399

FILED

(((H22000136780 3)))

850-617-6381

RECEIVED 04/14/2022 06:07PM
4/14/2022 7:07:18 PM PAGE 1/001 Fax Server



April 14, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KEVALLA COMPONENTS LLC
18801 N DALE MABRY HWY
STE 119
LUTZ, FL 33548

SUBJECT: KEVALLA COMPONENTS LLC
REF: L2000032578

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

The name of the entity and other information must be composed or comprised solely of letters, numerals, characters, or symbols found on a standard American or U.S. qwerty keyboard. Please amend the document accordingly.

If you have any further questions concerning your document, please call (850) 245-6050.

Catherine M Brumbley
Regulatory Specialist II
Amendment Section

FAX Aud. #: B22000133909
Letter Number: 022A00008785

P.O. BOX 6327 - Tallahassee, Florida 32314

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2021 APR 15 AM 5:35

FILED