

L22000384942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SEP - 8 2022

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2022 SEP - 7 PM 4:02
22 SEP - 7 PM 3:23
SECRETARY OF STATE
DIVISION OF CORPORATIONS



12905 SW 42 STREET Suite: 210
MIAMI, FL 33175
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Kisquared, LLC
(CORPORATE NAME) (DOCUMENT #)
2. _____
(CORPORATE NAME) (DOCUMENT #)
3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

X Pick up time: _____



☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KISQUARED, 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:

8724 SW 72ND ST

439

MIAMI, FL 33173

SAME

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:

ENRIQUE E. ALARD

Name

8724 SW 72ND ST # 439

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL

33173

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..

/s/ Enrique E. Alard

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 SEP - 7 PM 3: 23

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR _____

ENRIQUE E. ALARD
8724 SW 72ND ST # 439
MIAMI, FL 33173

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(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:

/s/ Enrique E. Alard

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.

ENRIQUE E. ALARD

Typed or printed name of signee

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)