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	(Requestor's Name)
	(Address)
	(Address)
	(A. 10
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
·	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:





100394655381

S. CHATHAM

SEP 2 1 2022

09/21/22--01002--008 **125.00

2022 SEP 20 PH 3: 05

5 '22 SEP 20 PH 3:

SECRETARY OF STATE
OIVISION OF CORPORATIONS

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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KG PROCESSING	SERVICES LL	С	
			
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature	····	Fictitious Owner Search	
			Vehicle Search
			Driving Record
Requested by: SETH	09/20/22		UCC 1 or 3 File
	Date	Time	UCC 11 Search
varific	17416	THUC	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KG Process Service				_
(Must co	ontain the words "Limited	Liability Company	, "L.E.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal (office of the Limited	1 Liability Company is:	
Princ	ipal Office Address:		Mailing Address:	
1250 NE 125 Stree	1250 NE 125 Street 1250 NE 125 Street		0 NE 125 Street	
Unit 200			t 200	
North Miami, FL.	33161	<u>Nor</u>	th Miami, FL 33161	22 SEP 20 PH
The name and the Florida stre	Kenny Gallego			H 3: 1-
	100	Name	· · · · · · · · · · · · · · · · · · ·	_
	1250 NE 125 Street,	Unit 200	200	
		ress (P.O. Box <u>NOT</u> acceptable)		
	North Miami	FL	33 <u>161</u>	
	City	State	Zip	
ace designated in this certificate the agree to comply with the party of the complex with the party of the complex with the party of the complex with the control of the complex with the control of the cont	te, I hereby accept the app provisions of all statutes re	ointment as register elating to the proper	e above stated limited liability compa ed agent and agree to act in this cape cand complete performance of my du us provided for in Chapter 605, F.S	icity. I

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager <u>MGR</u>	Kenny Gallego 1250 NE 125 Street. Unit 200 North Miami, FL 33161	- - -
		22 SEP
		20 PM
		<u>ဆ</u> ယ္
(Use attachment if necessary)		
f an effective date is listed, the date must be s be date of filing.)	tle of filing:	
Note: If the date inserted in this block does not not document's effective date on the Department	t meet the applicable statutory filing requirements, this date will not of State's records.	be list
RTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	M	
This document is exect I am aware that any fals	number or an authorized representative of a member, used in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State	

as

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Kenny Gallego