

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : HUBCO
 Account Number : 104662003400
 Phone : (516)935-3940
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: NELIDABETANCES58@ICLOUD.COM

FLORIDA LIMITED LIABILITY CO.

Koach & Trinity LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2022 SEP 21 PM 1:39

22 SEP 21 PM 12:35
 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

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H22000327204

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Koach & Trinity LLC

(Must end with 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:744 Kenilworth Circle Ste 202
Lake Mary, FL 32746**Mailing Address:**744 Kenilworth Circle Ste 202
Lake Mary, FL 32746**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:

Neiida Ortega

Name

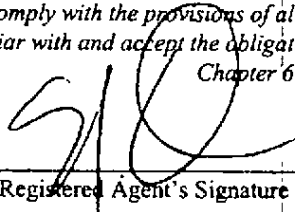
744 Kenilworth Circle Ste 202Florida street address (P.O. Box **NOT** acceptable)Lake Mary

City

FL 32746

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)

Nelida Ortega

(CONTINUED)

Page 1 of 2

FILED
22 SEP 21 PM 12:35
TALLAHASSEE, FLORIDA

H22000327204

H22000327204

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

MGR

Name and Address:

Nelida Ortega

744 Kenilworth Circle Ste 202

Lake Mary, FL 32746

Moises Betances

744 Kenilworth Circle Ste 202

Lake Mary, FL 32746

Vanessa Luciano

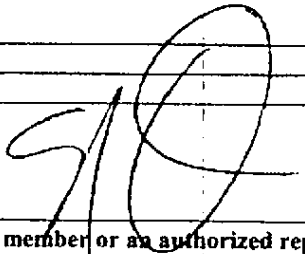
727 Acacia Point Ste 113

Lake Mary, FL 32746

(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.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:**
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Nelida Ortega

Typed or printed name of signee

22 SEP 21 PM 12:35
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