

To:

Page: 3 of 5

2022-09-29 14:59:51 GMT

17183041175

From: Alexander England

622000422459

9/22/22 11:41 AM

Division of Corporations

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.

((H22000328624 3)))



H220003286243ABC3

**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 : INTERSTATE FILINGS LLC  
Account Number : I20110000086  
Phone : (718)569-2703  
Fax Number : (718)504-7890

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

Email Address: contact@interstatefilings.com

FLORIDA LIMITED LIABILITY CO.  
KBD ADVISORS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2022 SEP 29 AM 11:39

09/29/22

22 SEP 29 PM 12:35  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

To:

Page: 2 of 5

2022-09-29 14:59:51 GMT

17183041175

From: Alexander England

850-617-6381

9/23/2022 2:22:11 PM PAGE

1/001

Fax Server

((H22000328624 3)))



September 23, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

INTERSTATE FILINGS LLC

SUBJECT: KBD ADVISORS LLC  
REF: W22000121627

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 document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey  
OPS Clerk

FAX Aud. #: H22000328624  
Letter Number: 822A00021302

22 SEP 29 PM 12:35  
TALLAHASSEE, FLORIDA

(((H22000328624 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

KBD ADVISORS 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:Mailing Address:295 MADISON AVENUE  
NEW YORK, NY 10017295 MADISON AVENUE  
NEW YORK, NY 10017

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

INTERSTATE AGENT SERVICES, LLC

Name

100 SE 2ND STREET SUITE 2000 #209Florida street address (P.O. Box **NOT** acceptable)MIAMIFL33131

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)

Page 1 of 2

FILED  
 22 SEP 29 PM 12:35  
 TALLAHASSEE, FLORIDA

(((H22000328624 3)))

(((H22000328624 3)))

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

**Name and Address:**

DIANNA KARVOUNIS

295 MADISON AVENUE

NEW YORK, NY 10017

(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:****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.

DIANNA KARVOUNIS

Typed or printed name of signee

FILED  
 22 SEP 29 PM 12:35  
 TALLAHASSEE, FLORIDA

(((H22000328624 3)))