

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L22000478536  
FILED 8:00 AM  
November 08, 2022  
Sec. Of State  
adjohnson

**Article I**

The name of the Limited Liability Company is:

KS BOUTIQUE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

3541 SW DELLAMANO STREET  
PORT SAINT LUCIE, FL. US 34953

The mailing address of the Limited Liability Company is:

3541 SW DELLAMANO STREET  
PORT SAINT LUCIE, FL. US 34953

**Article III**

Other provisions, if any:

RETAIL ONLINE BOUTIQUE

**Article IV**

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

KIMBERLY LOSEE  
3541 SW DELLAMANO STREET  
PORT SAINT LUCIE, FL. 34953

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.

Registered Agent Signature: KIMBERLY LOSEE

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
KIMBERLY LOSEE  
3541 SW DELLAMANO STREET  
PORT SAINT LUCIE, FL. 34953 US

Title: MGR  
KRISTY SAKELL  
2421 SE JACKSON STREET  
STUART, FL. 34997 US

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Signature of member or an authorized representative

Electronic Signature: KIMBERLY LOSEE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.