

1/24/23, 5:46 PM

Division of Corporations

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Florida Department of State
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To:

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

From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP
Account Number : 120190000020
Phone : (786)953-7449
Fax Number : (786)953-7450

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TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
KB DWELLINGS LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

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

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

Article I

**The name of the limited liability company is:
KB DWELLINGS LLC**

Article II

**The street address of the principal office of the Limited Liability Company is:
20020 NW 64 CT RD
HIALEAH, FL. 33015**

**The mailing address of the Limited Liability Company is:
20020 NW 64 CT RD
HIALEAH, FL. 33015**

Article III

**Other provisions, if any:
ANY AND ALL LAWFUL BUSINESS.**

Article IV

**The name and Florida street address of the registered agent is:
KATHERINE BONETTI
20020 NW 64 CT RD
HIALEAH, FL. 33015**

Having been named as a registered agent and to accept service of process of 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: K Bonetti

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Article V

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

Title: AMBR
KATHERINE BONETTI
20020 NW 64 CT RD
HIALEAH, FL. 33015

Signature: K Bonetti

Title: AMBR
MARIA JOCELYN CABREJA
20020 NW 64 CT RD
HIALEAH, FL. 33015

Signature: Maria J. Cabreja

Article VI

The effective date of this Limited Liability Company Shall be:

01/27/2023

Signature of member or an authorized representative:

Signature: K Bonetti

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provide for in S.817.155, F.S. I understand the requirement to file an annual report between January 1st

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