## L230 CCO72309

(Re	questor's Name)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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## COVER LETTER

	ew Filing Section vivision of Corporations					
SUBJECT	KERO'S, LLC.					
00000000	Name of Limited Liability Company					
The enclos	sed Articles of Organization and fee	(s) are submitted	for filing.			
Please retu	im all correspondence concerning th	is matter to the I	ollowing:			
	ERIC H CALLUPE					
	<del></del>	Name of	Person			
	KERO'S LLC.					
		Firm/Co	mpany			
	15017 NORTH DALE MABRY	HIGHWAY #12:	54			
		Addr	ess			
	TAMPA FLORIDA 33618					
	erichugocallupe@hotmail.com	City/State an	d Zip Code			
	E-mail address: (to be	used for future a	nnual report notificat	ion)		
For further i	nformation concerning this matter.	please call:				
	ERIC H CALLUPE	813 at (	803-0276			
	Name of Person	Area Code	Daytime Telephon	e Number		
Enclosed is	s a check for the following amount:					
□\$125.0u	Filing Fee ■\$130.00 Filing F Certificate of State	is Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address New Filing Section		Street Address Now Filing Section D	ivicion		
	Division of Corporations P.O. Box 6327		New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	oility Company is:			
	, , ,			
KERO'S, LLC.				
(Must c	ontain the words "Limited Liabilit	y Company, "I	L.C" or "L1.C.")	
ARTICLE II - Address:				
The mailing address and stree	t address of the principal office of	the Limited L	iability Company is:	
Prin	cipal Office Address:		Mailing Address:	
	ALE MABRY HIGHWAY	15017	NORTH DALE MABRY HIGHWAY	
#1254		#1254		
TAMPA FLORIE	OA 33618	<u>TAMI</u>	TAMPA FLORIDA 33618	
(The Limited Liability Companiother business entity with a	Agent, Registered Office, & Reg iny cannot serve as its own Regist in active Florida registration.) ret address of the registered agent	ered Agent, Yo	's Signature: ou must designate an individual or	
	-			
	ERIC H CALLUPE			
	Namo	•		
	15017 NORTH DALE MA	BRY HIGHWA	AY #1254	
	Florida street address (P.O.	Box NOT acc	eptable)	
	TAMPA	FI.	33618	

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.,

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

## ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	ERIC II CALLUPE 15017 NORTH DALE MABRY HIGHWAY #1254 TAMPA FLORIDA 33618
	2023
an effective date is listed, the date mus date of filing.)	he date of filing: <u>JANUARY 25,2023</u> , (OPTIONAL) it be specific and cannot be more than five business days prior to or 90 days at est not meet the applicable statutory filing requirements, this date will not be lister timent of State's records.
TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
X	Eige Carelya
This document is I am aware that a	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b). Florida Statutes, ny false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.
ERIC H	CALLUPE
	Typed or printed name of signee

 $\frac{Filing\ Fees;}{S125.00\ Filing\ Fee\ for\ Articles\ of\ Organization\ and\ Designation\ of\ Registered\ Agent}$ \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)