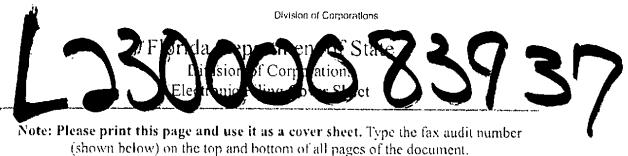
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To:



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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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:____

FLORIDA LIMITED LIABILITY CO. KEY GATHERINGS LLC

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\$155.00

Electronic Filing Menu — Corporate Filing Menu

Help

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To:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

KEY GATHERINGS LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LEC.")

ARTICLE II - Address:

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

Principal Office Address: 2030 S. DOUGLAS RD STE 119 MIAMI, FL 33134 MIAMI, FL 33134 MIAMI, FL 33134 MIAMI, FL 33134

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:

CONSTANZA PEU	RIOT	
	Name	
2030 S. DOUGLAS	RD STE 119	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
МІАМІ	FL	33134
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)

ARTICLE IV-

The name and address of each person	n authorized to manage and contr-	ol the Limited Liability	Company:
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2023-02-22 19 54 55 GMT

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	CONSTANZA PEURIOT
	2030 S. DOUGLAS RD STE 119
	MIAMI, FL 33134
AMBR	ROBERTO LASTRA
	2030 S. DOUGLAS RD STE 119 MIAMI, FL 33134
	SHAMILE BILL
- All All All All All All All All All Al	-16-71-1-17-17-17-17-17-17-17-17-17-17-17-1
(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 the date of filing.)	be specific and cannot be more than five business days prior to or 90 days after
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 Departs	
the document's effective date on the coopies	THE CONTRACTOR OF THE CONTRACT
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	Conscriben

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.

CONSTANZA PRURIOT

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)